

**Outcome S1: Children are first and foremost, protected from abuse and neglect.**

**GOAL:** Nebraska will increase the percentage of cases that are determined to be in substantial conformity with the Federal Outcome SI: Children are first and foremost protected from abuse and neglect. By 07-01-05 from 77% to 80%.

**Evaluation method:** N-FOCUS Data Reports

**Baseline:** 77% established during the 2002 CFSR

**Item1. Timeliness of initiating initial assessments of reports of child maltreatment**

**Goal Negotiated Measure: % of Improvement:** Nebraska will improve response times to initiating initial assessments of reports of child maltreatment. By 07-01-04 from 42% to 65% and from 07/01/04 to 07/01/05 to improve response rates to 85%.

**Baseline:** 42% established during the 2002 CFSR.

**Method of Measuring Improvement:** N-FOCUS

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Strengthen policy and practice related to the intake process to include time lines and definitions for initiating and completing comprehensive assessments of reports of child abuse/neglect	Todd Reckling	Policy developed in collaboration with the National Resource Center for Child Maltreatment and Family Centered Practice.	07/03	07/03	<p>New Policy direction was collaboratively developed through the Collaborative Case Practice (CCP) process. This group includes the Protection and Safety Administrators (PSA) and Resource Development Administrators (RDA) from across the State with key Central Office Administrators with consultation from the National Resource Centers (NRCs). Intake Policy issues were discussed at the CCP group meeting number 1, 2, 3, 4, and 5 with the NRC's for Family Centered practice and Child Maltreatment represented at these meetings. CCP meetings occurred on February 25-27; April 7-8; July 15-17; and September 3-4; and November 07, 2003. The CCP Leads (Todd Reckling and Michelle Eby co-leads for CCP Initiative) also met with Cathy Welsh from the Child Maltreatment NRC on July 31 and August 01, 2003 in Omaha to discuss safety and risk issues for policy/guidebook. The desired Specialized Intake tool and process included time lines and definitions for initiating and completing comprehensive assessments of reports of child abuse/neglect. Time lines for the Intake Report to be investigated/assessed were established to be tested.</p> <p>The CCP workgroup also specified that all investigations/assessments are to be completed and on the N-FOCUS System within 45 days. A draft of the new comprehensive assessment is still being revised and has not yet been finalized. An Administrative Memo will be distributed 02/04. Subsequent policy will be distributed with as the new rules and regulations/guidebook when formally</p>

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					<p>approved. HHS is currently operating under existing policy with additional guidance provided in the newly developed "Intake Desk Aid" and training.</p> <p>The CCP team decided at its first meeting in February 2003 that the rules and regulations "policy" book and worker guidebook needed to be contained together in one document.</p>
		Initiate pilot of new policy in the Eastern Service Area to assess practice issues related the new policy.	07/03	07/03	It was determined by the CCP workgroup that NE wanted to specialize the Intake function. Rather than all the local offices taking abuse and neglect reports, it was determined that 2 offices in each of the three service areas would be designated as Specialized Intake Sites. The sites identified were Omaha and Lincoln for the Eastern Service Area, Norfolk and Kearney in the Central Service Area, and North Platte and Alliance in the Western Service Area. It was also determined that rather than the Child Abuse and Neglect 24/7 Hotline being housed in Omaha only, the hotline would "roll-over" to each of the 6 specialized intake offices. The Eastern Service Area (Omaha/Papillion) was selected as the "test pilot" site for the new Intake Report tool and specialized intake process. The "Intake Test Pilot" started on July 15, 2003 and ran until September 15, 2003.
		Evaluate results of the pilot and make adjustments to policy and training as needed	09/03	09/03	Continuous evaluation was conducted by the Eastern Service Area Administration, and the CCP leads with appropriate adjustments to the new Intake Tool and process during the months of July, August, and September. CCP leads had conference calls and went to Omaha in August and September to "debrief" with the Intake staff, supervisors, and administrators in the Eastern Service Area. Data on the test pilot was collected by the Eastern Service Area to assist in determining adjustments necessary.
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	10/03	Pilot training 07/03 and statewide 10/03	Training was developed collaboratively. Mary Osborne, lead for the HHS training unit was present at the CCP meetings where the new "vision" for the Intake policy/guidebook and practice was discussed. CCP Leads met with the trainers and University of Nebraska Center for Children, Families and the Law (CCFL) staff on multiple occasions to develop and/or change current training curricula related to the Intake function. In addition to the training coming from the CCP, Jane Berdie with the National Resource Center for Family Centered Practice provided technical assistance on training.

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					A hardcopy of the training handbook developed and shared with the Intake staff is being sent to the Federal Regional Office.
		Train worker and supervisory staff statewide on written policy. Managers and supervisors will conduct initial training.	11/03	11/03	The trainers, Central Office Administration, and all the other Service Area Protection and Safety Administrators presented Intake Training to the Omaha and Papillion Intake and Initial Assessment Administrators and Supervisors on July 10, 2003. The trainers, CCP Lead Todd Reckling CO administrator, and the Eastern Service Area PSA's (Maria Lavicky and Kathy Jones) delivered training to the Omaha/Papillion staff on July 14, 2003 in Omaha, NE. Training staff provided an additional seven days of over the shoulder training to staff in Omaha during July and August. The trainers, CCP Leads, and other PSA's trained all the specialized intake supervisors and administrators from the intake sites on September 16 2003 in Kearney, NE. All Specialized Intake Staff were trained on October 21, 2003 in Kearney, NE. On November 6, 2003 training was provided to new workers.
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	11/03	11/03	Sign-in sheets are maintained with training attendance records at the University of Nebraska Center for Children Families and the Law. The number of attendees attending these sessions included: 07/10/03: Specialized Intake Orientation Training- ESA P&S Administrators & Supervisors- Omaha with 33 trainees; 07/14/03: Specialized Intake Process Training- ESA P&S Intake Supervisors & Workers- Omaha with 22 trainees; 09/16/03: Specialized Intake Process Training- Statewide P&S Admin.& Supervisors- Kearney with 30 trainees; 10/21/03: Specialized Intake Process Training- Statewide P&S Supervisors & Workers- Kearney with 34 trainees; 11/06/03: Specialized Intake Process Training- New P&S Workers- Lincoln with 7 trainees
		Written policy disseminated through Administrative Memo.	11/03		Extension request to 02/04. Administrative Memorandum will be distributed 02/04. Currently operating under existing policy with additional guidance provided in Intake Desk Aid and through training.
		Policy implemented statewide.	11/03		Extension requested to 02/04. The new Intake Tool and

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					Specialized Intake Process were implemented on December 01, 2003. An Administrative Memo will be distributed 01/04
Enhance the N-FOCUS system to provide an accurate intake date	Todd Reckling	System Investigation Request to require the actual intake receive date to be entered into N-FOCUS and eliminate the default feature is reviewed and approved	07/03	12/02	N-FOCUS Business Analyst completed the System Investigation Request (SIR) for the actual Intake receive date to be entered into N-FOCUS. SIR#18263 was completed.
		Change to current system code is made	07/03	02/03	N-FOCUS Business Analyst changed the system code on 02-06-2003.
		Code testing is completed and system is stable	07/03	02/03	N-FOCUS Business Analyst code tested the change to assure the system was stable on 02-11-2003.
		Release notes explaining the change and current requirements is posted in Lotus Notes for workers	07/03	02/03	The Release Notes on Lotus Notes was issued on 02/03 to workers statewide.
Develop and implement policy and practice related to intake to include assignment of reports within established priorities and timeframes.	Todd Reckling	Policy developed in collaboration with the National Resource Center for Child Maltreatment and Family Centered Practice	07/03	07/03	<p>New Policy direction was collaboratively developed through the Collaborative Case Practice (CCP) process. It was decided at several of the CCP meetings (NRC for Child Maltreatment and Family Centered Practice present) that Intake Reports needed to be completed on the N-FOCUS system and closed generally within 24 hours. In some situations, when collateral calls have to be made, an intake can be closed within 2 working days. However, all Intakes must be closed within 2 working days and transferred to the Initial Assessment worker so the Intake Report can be assigned to an investigative/assessment worker within 48 hours of the report being taken by HHS.</p> <p>Draft policy/guidebook has been written, but still need revision.</p> <p>Administrative memo will be distributed 02/04. HHS is currently operating under existing policy with additional guidance provided by the Intake Desk Aid and through training.</p>
		Initiate pilot of new policy in the Eastern Service Area to assess practice issues related the new policy.	07/03	07/03	The Omaha Test pilot, which began in on July 15, 2003 has been operating under the policy that all Intakes need to be assigned within 2 working days of HHS receiving the report.

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		Evaluate results of the pilot and make adjustments to policy and training as needed.	09/03	09/03	<p>Continuous evaluation of the pilot, and Omaha Administrators and Intake and Initial Assessment Supervisors have indicated that for many intake reports, but not all, staff are able to assign all Intake Reports within 2 working days. However, because of staffing issues this is not always possible.</p> <p>As the number of Intake Reports has increased in Omaha, the ESA administrator has been shifting additional staff to the Intake Unit and the Comprehensive Assessment unit to fulfill the demand for intake and assessment workers.</p> <p>HHS has also requested that the NRC for Child Maltreatment come to Nebraska and do a case review on Intake Reports received from July-November 2003 from the Omaha pilot test to offer findings and recommendations on screening and prioritization practices thus far with the new Intake Tool and Process. This review will take place the third week in December, 2003.</p>
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	11/03	Pilot training 07/03 and statewide 10/03	<p>Training was developed collaboratively. Lead for the HHS training unit was present at the CCP meetings where the new "vision" for the Intake policy/guidebook and practice was discussed. CCP Leaders met with the trainers and CCFL staff on multiple occasions to develop and/or change current training curricula related to the Intake function. In addition to the training coming from the CCP, Jane Berdie with the National Resource Center for Family Centered Practice provided technical assistance on training. A hardcopy of the training handbook developed and shared with the Intake staff is being sent to the Federal Regional Office.</p> <p>As part of the Intake Report training curricula, assignment of the Intake Report to a protection and safety worker within 2 working days was identified as an expectation for staff.</p>

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		Train persons responsible for assigning reports on written policy. Training to be conducted by managers and supervisors.	11/03	11/03	<p>The trainers, Central Office Administration, and all the other Service Area Protection and Safety Administrators presented Intake Training to the Omaha and Papillion Intake and Initial Assessment Administrators and Supervisors on July 10, 2003. The trainers, CCP Leader Todd Reckling, and the Eastern Service Area PSA Maria Lavicky and administrator Kathy Jones delivered training to the Omaha/Papillion staff on July 14, 2003 in Omaha, NE. Training staff provided an additional seven days of over the shoulder training to staff in Omaha during July and August. The trainers, CCP Leaders and other PSA's trained all the specialized intake supervisors and administrators from the intake Sites on September 16 2003 in Kearney, NE. All Specialized Intake Staff were trained on October 21, 2003 in Kearney, NE. On November 6, 2003 training was provided to new workers.</p> <p>As part of the Intake Report training sessions, assignment of the Intake Report to a protection and safety worker within 2 working days was identified as an expectation for staff. This occurred at all of the Intake training sessions as described above.</p>
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	11/03	11/03	<p>Sign-in sheets are maintained with training attendance records at the University of Nebraska Center for Children Families and the Law.</p> <p>The number of attendees attending these sessions included:</p> <p>07/10/03: Specialized Intake Orientation Training- ESA P&amp;S Administrators &amp; Supervisors- Omaha with 33 trainees;</p> <p>07/14/03: Specialized Intake Process Training- ESA P&amp;S Intake Supervisors &amp; Workers- Omaha with 22 trainees;</p> <p>09/16/03: Specialized Intake Process Training- Statewide P&amp;S Admin.&amp; Supervisors- Kearney with 30 trainees;</p> <p>10/21/03: Specialized Intake Process Training- Statewide P&amp;S Supervisors &amp; Workers- Kearney with 34 trainees;</p> <p>11/06/03: Specialized Intake Process Training- New P&amp;S Workers- Lincoln with 7 trainees</p>
		Written policy disseminated through Administrative Memo	11/03		Extension request to 2/04. Administrative Memo will be distributed 02/04.

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		Policy implemented statewide.	11/03	12/03	The new Intake Tool and Specialized Intake Process was implemented December 01, 2003 including the practice of assigning all Intake Reports to a protection and safety worker within 2 working days was implemented statewide on December 01, 2003.
Implement specialized intake staffing structure to receive reports of abuse and neglect and to determine acceptance for assessment to ensure that comprehensive assessments are consistently accepted and assigned in a timely manner	Todd Reckling	Conduct workload analysis to determine number of staff needed to implement specialized intake staffing.	03/03	03/03	A Workload Analysis study was completed in March 2003 by the CCP workgroup. This workload analysis determined that the number of Intake workers necessary for using the new Specialized Intake process and Tool totaled 21 Intake workers. These numbers were based on the number of Intake calls received for Calendar year 2001. The figures used included 90 minutes for fully taking and processing an Intake report, and 15 minutes to receive and process a screened out report.
		Identify and assign specialized staff for pilot site for receiving reports of abuse / neglect and determining acceptance for comprehensive assessment	07/03	07/03	The Eastern Service Area identified and assigned staff for the test site in Omaha. <i>Intake workers necessary for using the new Specialized Intake process and Tool totaled 21 Intake workers.</i>
		Identify and assign specialized staff statewide for receiving reports of abuse / neglect and determining acceptance for comprehensive assessment	09/03	09/03	The other service areas identified the location and staff for the new specialized intake. The offices identified are: Western Service Area -North Platte and Alliance; Central Service Area-Kearney and Norfolk; and Eastern Service Area Omaha/Papillion and Lincoln. Intake Supervisors are as follows: WSA-Jerilynn Crankshaw and Tracy Felker as backup supervisor, CSA-Brenda Roetman and Larry Boyd with Sharyn Hjorth as backup supervisor, and ESA-Sherry Buhrmann. The Eastern Service Area is in the process of determining whether or not they can shift resources enough to allocate another 1-2 FTE positions as responsible for supervision of Intake.

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		Identify and secure necessary phone equipment	07/03	12/03	<p>Originally the statewide child abuse and neglect Hotline was operated solely by Omaha Project Harmony staff from the Eastern Service Area. As part of the specialized Intake process, it was determined by the CCP workgroup that the former hotline staffed only in Omaha would now roll over to each of the 6 specialized Intake Offices (North Platte and Alliance in the Western Service Area, Kearney and Norfolk in the Central Service Area, and Omaha and Lincoln in the Eastern Service Area.) in the 3 service areas. Specific phone equipment such as additional lines, special phones, and headsets for workers were identified and ordered in October and November 2003. The new phone equipment is currently in use in each of the specialized sites. Additional phone lines were also installed in offices to accommodate workers in having lines to call out from to make contact with collateral persons also having information about a child or family.</p> <p>There were some technical and staffing issues with the phone system when it was implemented on December 1, 2003. Immediately after statewide implementation, further assistance was received from the Division of Communications to fix the mechanical issues. Additional instructions and directions were shared with staff regarding technical operation of the new phones, the roll-over system process and staff coverage.</p>



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		Training developed in collaboration with HHS Training, CCFL and NRCs.	11/03	Pilot training 07/03 and statewide 10/03	<p>Training was developed collaboratively. HHS training unit Leader was present at the CCP meetings where the new “vision” for the Intake policy/guidebook and practice was discussed. CCP Leaders met with the trainers and CCFL staff on multiple occasions to develop and/or change current training curricula related to the Intake function. In addition to the training coming from the CCP, Jane Berdie with the National Resource Center for Family Centered Practice provided technical assistance on training. A hardcopy of the training handbook developed and shared with the Intake staff is being sent to the Federal Regional Office.</p> <p>As the number of Intake Reports has increased in Omaha, the ESA administrator has been shifting additional staff to the Intake Unit and the Comprehensive Assessment Unit to fulfill the demand for intake and assessment workers.</p>
		Train specialized intake staff on written policy. Training to be conducted by managers and supervisors.	11/03	11/03	The trainers, Central Office Administration, and all the other Service Area Protection and Safety Administrators presented Intake Training to the Omaha and Papillion Intake and Initial Assessment Administrators and Supervisors on July 10, 2003. The trainers, CCP Lead Todd Reckling and the Eastern Service Area PSA Maria Lavicky, and administrator Kathy Jones delivered training to the Omaha/Papillion staff on July 14, 2003 in Omaha, NE. Training staff provided an additional seven days of over the shoulder training to staff in Omaha during July and August. The trainers, CCP Leads and other PSA’s trained all the specialized intake supervisors and administrators from the intake Sites on September 16 2003 in Kearney, NE. All Specialized Intake Staff were trained on October 21, 2003 in Kearney, NE. On November 6, 2003 training was provided to new workers.
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	11/03	11/03	<p>Sign-in sheets are maintained with training attendance records at the University of Nebraska Center for Children Families and the Law.</p> <p>The number of attendees attending these sessions included:  07/10/03: Specialized Intake Orientation Training- ESA P&amp;S Administrators &amp; Supervisors- Omaha with 33 trainees;  07/14/03: Specialized Intake Process Training- ESA P&amp;S</p>

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					Intake Supervisors & Workers- Omaha with 22 trainees; 09/16/03: Specialized Intake Process Training- Statewide P&S Admin.& Supervisors- Kearney with 30 trainees; 10/21/03: Specialized Intake Process Training- Statewide P&S Supervisors & Workers- Kearney with 34 trainees; 11/06/03: Specialized Intake Process Training- New P&S Workers- Lincoln with 7 trainees
		Implement staffing changes	11/03	11/03.	As the number of accepted Intake Reports has increased in Omaha, the ESA administrators have been trying to forward fill PSW workers, as well as shifting additional staff to the comprehensive assessment unit to fulfill the demand for assessment workers.
Develop and implement methods for measuring compliance with policy for initiating comprehensive assessments.	Todd Reckling	Policy developed and implemented in pilot site to require supervisor decision to accept the intake for comprehensive assessment.	07/03	07/03	<p>Pilot site date met. However, there are feasibility issues with the method of requiring supervisor decision to accept the intake.</p> <p>As part of the training on the new Intake tool and process, workers and supervisors were instructed to accept or deny Intake report allegations based on current HHS policy definitions for sexual abuse, physical abuse and neglect, and emotional abuse and neglect. The new Intake Report has instructions, Maltreatment Screening Tools and Priority Response and Priority Screening Tools that assist the worker to clarify when an allegation falls within the meaning of HHS policy for child maltreatment.</p> <p>As part of the new Intake process, it was the expectation that all Intake Reports, whether screened out or accepted were reviewed and approved by a supervisor. Due to the volume of reports in Omaha, the Omaha Intake supervisor was unable to review all Intake Reports. As a result, the Intake supervisor is trying to review 100% of the “screened out” reports, and the Initial Assessment Supervisor is reviewing all the accepted Intake Reports as she assigns them to an assessment worker. It was determined on November 20, 2003 by the CO and Field Administrators that additional staff were needed to review “screened out” Intake Reports. Therefore, HHS will be establishing a temporary FTE with expertise in child maltreatment to review screened out</p>

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					<p>reports. At this time, we believe that this temporary FTE will allow us to catch up with a backlog of work while still maintaining our goal of having a supervisor review all intake reports.</p> <p>HHS has also asked the NRC for Child Maltreatment to come to Nebraska and do a case review on Intake Reports from July-November 2003 from the Omaha pilot test to offer findings and recommendations on screening and prioritization practices thus far with the new Intake Tool and Process. This review will take place the third week in December, 2003.</p> <p>The new QA administrator for CO was hired in October. The 3 QA Unit Managers (1 for each of the service areas) were advertised for the weekend of November 22-23. The QA administrator is starting to work with the CCP team to develop measurement standards on the different case functions such as Intake, Assessment, Case Planning, etc.</p>
		Develop methods of measurement on initiating comprehensive assessments in the pilot sites.	07/03	08/02	N-FOCUS Business Analyst's Response Time Queries (specifically #3) measures the time difference from the Intake receive date and Initial Assessment begin date. The 8 Response Time Queries have been produced since August 2002.
		Revise data reports from N-FOCUS that assist supervisors and managers in tracking the initiation of comprehensive assessments.	07/03	08/02	N-FOCUS Response Time Query Reports are available that report on: 1) Time to Close all Intakes; 2) Time to close CAN Intakes; 3) Time to first contact; 4) Time to complete Initial Assessment; 5) Time to document Initial Assessment; 6) Time to Complete all allegation findings; 7) Time to complete Family Assessment for CAN reports; and 8) Time to complete Family Assessments for Delinquents/Status Offenders. The 8 Response Time Queries have been produced monthly since 08/09/02.
		Policy implemented statewide to require supervisory approval of all intakes.	11/03		Extension requested to 07/04. Feasibility issue. Nebraska identified need for additional staff to review "screened out" Intake Reports. Therefore, HHS will be establishing a temporary FTE with expertise in child maltreatment to review screened out reports. At this time, we believe that this temporary FTE will allow us to catch up with a backlog and possibly still use the identified method. HHS has also

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					asked the NRC for Child Maltreatment to come to NE and do a case review on Intake Reports from July – November 2003 from the Omaha pilot test to offer findings and recommendations on screening and prioritization practices thus far with the new Intake Tool and process.
		Provide supervisors and managers with copies of reports on a monthly basis	12/03 and ongoing	08/02	The Intake Summary Report is currently available on-line for all to view and use. 8 Response Time Queries that have been produced monthly since 08/09/02 and are routed as e-mail attachments to all P&S Supervisors/Administrators. Query #3 (Time to First Contact) includes measurement of priority responses for testing. The most recent report for the month of August 2003 shows that of the records used to calculate a measurement, 69.5% showed time to first contact within 5 days.
		Develop and implement standardized supervisor oversight process to monitor compliance with initiating comprehensive assessments in a timely manner. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan.	11/03		<p>Extension requested to 07/04. Protection and Safety Administrators are responsible for oversight regarding supervisors and the assignment of Intake Reports to the assessment units. New QA administrator hired in October. The 3 QA Unit Managers (1 for each of the service areas) were advertised for the weekend of November 22-23. The QA administrator is starting to work with the CCP team to develop measurement standards on the different case functions such as Intake, Assessment, Case Planning, etc. QA will also work with the "proactive supervision" initiative to identify areas best monitored through direct supervision.</p> <p>A major initiative emerged from the CCP process. This is "proactive supervision" that is modeled after a project in Hamilton County Ohio. The same person who provided assistance in getting that project operational is working with HHS to implement it in Nebraska. One significant factor involved in the proactive supervision is that the supervisors routinely review a consistent set of factors regarding cases and this may include this particular compliance issue. The proactive supervisor process in Nebraska includes the following activities:  <b>February 25-27, April 7-8, May 28-30, July 15-17-2003</b>  CCP Team received several presentations on proactive supervision and material from the National Resource Center consultant, Carole Smith who worked with Hamilton Co,</p>

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					<p>Ohio and continues to work with the NE supervisors</p> <p><b>March 2003</b> Supervisor workgroup members named by Protection and Safety Administrators; members asked to respond to survey tool describing in detail their tasks and time spent on each in order to get baseline of current supervisory duties in Nebraska.</p> <p><b>5/16/03</b> First supervisory workgroup meeting in Kearney all day; involved 8 supervisors representing all three service areas, and key Central Office staff from Program and Human Resources, and Michelle Graef/Megan Potter from UNL-CCFL; discussed supervisory role in intake process and time in current activities, re-prioritization of supervisor's time.</p> <p><b>5/29/03</b> (at CCP meeting) Supervisor workgroup was formally requested to examine Carole Smith's proactive structured supervision model and make recommendations regarding possible implementation in Nebraska.</p> <p><b>6/23/03</b> All day Supervision Group meeting in Kearney. Time spent learning about the model, and included a conference call with Carole Smith for approximately 1 hour during the meeting. Continued discussion of current supervisory practice in Nebraska and challenges faced in implementing change.</p> <p><b>7/15, 16, 17-2003</b> (at CCP meeting) Discussions of model, additional presentation by Carole Smith, discussion of plan for implementation of model in Nebraska.</p> <p><b>7/18/03</b> Meeting of supervisor workgroup all day in Kearney. Worked with Carole Smith to learn more about proactive supervision. Carole created a genogram on a local Nebraska case. This was a major turning point in the project, and generated much excitement and enthusiasm among all team members.</p> <p><b>7/20/03 – 8/10/03</b> Determined that subgroup of NE supervisors workgroup should go to Hamilton County, Ohio to experience proactive supervision first-hand.</p> <p><b>8/12 &amp; 13,2003</b> Four Nebraska supervisors traveled to Hamilton County, OH to learn more about proactive structured supervision from their supervisors, with on-site facilitation provided by Carole Smith.</p> <p><b>8/18 &amp; 19 , 2003</b> Supervisor workgroup meeting in Kearney. The four workgroup members who traveled to Ohio brought back information and enthusiastically shared what they'd</p>

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					<p>learned with the rest of the group. The team worked on adaptation of the Ohio forms they had brought back, and discussed how the process would work in Nebraska. Developed and presented recommendations for the implementation next steps and supports needed to the Protection and Safety Administrators Team, which was meeting in Kearney at the same time.</p> <p><b>9/3 &amp; 4, 2003</b> CCP meeting in Kearney. Continued work with Carole Smith on implementation of proactive supervision in Nebraska. Michelle Graef meeting in evening with Carole Smith and Mary Osborne to discuss issues in implementation.</p> <p><b>9/5/03</b> Supervisor workgroup meeting in Kearney. Follow-up from CCP meeting. Information from Todd Reckling and Michelle Eby regarding comprehensive assessment and integration of this with proactive supervision model. Continued work on forms for Nebraska and planning for presentation at Supervisors' statewide conference to be held in October.</p> <p><b>9/17 &amp; 18, 2003</b> Carole Smith here for consultation in Kearney with supervisor workgroup all day on 18th. Michelle Graef/Megan Potter meeting with Carole in evening of 17<sup>th</sup> with some of the supervision workgroup members. Continued the group's learning about the model. Modification of some of the draft forms. Developed strategy and presentation for upcoming supervisor's conference. Discussed next steps in implementation.</p> <p><b>10/7 &amp; 8, 2003</b> Statewide Supervisor's Conference in Omaha. Carole Smith and 5 supervisors from Hamilton County, Ohio traveled to Nebraska and did presentations to all NE supervisors about proactive supervision including demonstration of a genogram and clinical case review process. The eight supervisor members of the workgroup participated in panel discussions and small group breakout sessions to facilitate rest of the state's supervisors introduction to the concepts of the model and to answer their questions.</p>

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		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	01/04 and ongoing		The QA Administrator as well as the newly hired QA Unit Managers will be working with the Protection and Safety Administrators and key Central Office personnel to develop and implement “corrective action plans” to increase compliance with standards. The new role of the proactive supervisor will also promote implementation of corrective action plans and oversight to monitor their progress.
		Measurement of progress will be through N-FOCUS reports:  45 % of comprehensive assessments will be initiated within required timeframes.	01/04		Request extension to 4/04. We have just implemented the new intake procedures statewide in 12/03. Based on the Omaha test site and the increased attention to child safety (Child Death Media) the number of intakes received has doubled in some areas and those accepted for assessment have also increased. At this time we are trying to address the staff resource issues that this has caused. We currently only have the same number of staff to work on assessments as we did prior to implementation of the new intake process, although the Eastern Service Area have shifted some personnel and the other two service areas are thinking about how to shift personnel but it is premature since the new intake process initiated on 12/03. The current “Response Time Queries” Query #3 (Time to First Contact) includes measurement of priority responses for testing. .
		65% of comprehensive assessments will be initiated within required timeframes.	07/04		Request Extension to 1/05
		85% of comprehensive assessments will be initiated within required timeframes.	07/05		
Develop and implement methods for measuring compliance with policy for assigning reports.	Todd Reckling	Policy developed and implemented in pilot site to require timely assignment of all intakes based on priorities.	07/03	7/03	Timely assignment of all Intake Reports whether screened in or screened out, and regardless of the priority response will be measured based on a comparison between the Intake receive date and the date of assignment to an assessment worker with the goal being 2 days. All Intake Reports are to be assigned within 2 working days from the date of receipt of the report. Time required to enhancing N-FOCUS.

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		Develop methods of measurement on the timely assignment of reports in the pilot sites.	07/03	10/03	Extension requested to 07/04. The Intake Supervisor, Initial Assessment Supervisor as well as the Administrators for the Omaha area test pilot site are working to assure that all Intake Reports are generally being assigned within 2 working days. N-FOCUS Business Analyst documents show (11/25/03) that the current 8 Response Time Queries do NOT apply to the standard for timely assignment, but they can and will be enhanced to do so.
		Revise data reports from N-FOCUS that assist supervisors and managers in tracking the timely assigning of reports.	07/03		Extension requested to 07/04. N-FOCUS Business Analyst documents (11/25/03) that the current 8 Response Time Queries do NOT apply to the standard for timely assignment, but they can and will be enhanced to do so.
		Policy implemented statewide to require supervisory assignment of all intakes.	11/03		Extension requested to 02/04. The new Intake Tool and process was implemented statewide on December 01, 2003 requiring assignment of all intakes within 2 working days. . N-FOCUS Business Analyst documents (11/25/03) that the current 8 Response Time Queries do NOT apply to the standard for timely assignment, but they can and will be enhanced to do so.
		Provide supervisors and managers with copies of reports on a monthly basis	12/03 and ongoing		Extension requested to 07/04. The new Intake Tool and process was implemented statewide on December 01, 2003 requiring assignment of all intakes within 2 working days. . N-FOCUS Business Analyst documents (11/25/03) that the current 8 Response Time Queries do NOT apply to the standard for timely assignment, but they can and will be enhanced to do so.
		Develop and implement standardized supervisor oversight process to monitor compliance with assigning reports in a timely manner. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan.	11/03		Extension requested to 07/04. The Initial Assessment Supervisor is responsible to make sure all accepted Intake Reports are assigned within 2 working days. The expectation is that the Initial Assessment Supervisor will review all Intake Reports and assign them to a worker within the timeframe of 2 working days. The Protection and Safety Administrators from each of the service areas are responsible for making sure the supervisors are assigning reports to workers as expected. The PSA will be able to use the enhanced monthly Response Time Queries to measure compliance and progress improvement. A formalized corrective action plan for what to do when supervisors are not complying with this practice is not finalized, and the individual service area administrators are currently taking any corrective action they feel is necessary to make the



Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p>needed improvement.</p> <p>Protection and Safety Administrators are responsible for oversight regarding supervisors and the assignment of Intake Reports to the assessment units. New QA administrator hired in October. The 3 QA Unit Managers (1 for each of the service areas) were advertised for the weekend of November 22-23. The QA administrator is starting to work with the CCP team to develop measurement standards on the different case functions such as Intake, Assessment, Case Planning, etc. QA will also work with the “proactive supervision” initiative to identify areas best monitored through direct supervision</p> <p>A major initiative emerged from the CCP process. This is “proactive supervision” that is modeled after a project in Hamilton County Ohio. The same person who provided assistance in getting that project operational is working with HHS to implement it in Nebraska. One significant factor involved in the proactive supervision is that the supervisors routinely review a consistent set of factors regarding cases and this may include this particular compliance issue. The proactive supervisor process in Nebraska includes the following activities:  <b>February 25-27, April 7-8, May 28-30, July 15-17-03</b> CCP Team received several presentations on proactive supervision and material from the National Resource Center consultant, Carole Smith who worked with Hamilton Co, Ohio and continues to work with the NE supervisors  <b>March 2003</b> Supervisor workgroup members named by Protection and Safety Administrators; members asked to respond to survey tool describing in detail their tasks and time spent on each in order to get baseline of current supervisory duties in Nebraska.  <b>5/16/03</b> First supervisory workgroup meeting in Kearney all day; involved 8 supervisors representing all three service areas, and key Central Office staff from Program and Human Resources, and Michelle Graef/Megan Potter from UNL-CCFL; discussed supervisory role in intake process and time in current activities, re-prioritization of supervisor’s time.  <b>5/29/03</b> (at CCP meeting) Supervisor workgroup was</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p>formally requested to examine Carole Smith's proactive structured supervision model and make recommendations regarding possible implementation in Nebraska.</p> <p><b>6/23/03</b> All day Sarpv. Group meeting in Kearney. Time spent learning about the model, and included a conference call with Carole Smith for approximately 1 hour during the meeting. Continued discussion of current supervisory practice in Nebraska and challenges faced in implementing change.</p> <p><b>7/15, 16, 17-2003</b> (at CCP meeting) Discussions of model, additional presentation by Carole Smith, discussion of plan for implementation of model in Nebraska.</p> <p><b>7/18/03</b> Meeting of supervisor workgroup all day in Kearney. Worked with Carole Smith to learn more about proactive supervision. Carole created a genogram on a local Nebraska case. This was a major turning point in the project, and generated much excitement and enthusiasm among all team members.</p> <p><b>7/20 – 8/10/03</b> Determined that subgroup of NE supervisors workgroup should go to Hamilton County, Ohio to experience proactive supervision first-hand.</p> <p><b>8/12 &amp; 13-2003</b> Four Nebraska supervisors traveled to Hamilton County, OH to learn more about proactive structured supervision from their supervisors, with on-site facilitation provided by Carole Smith.</p> <p><b>8/18 &amp; 19-2003</b> Supervisor workgroup meeting in Kearney. The four workgroup members who traveled to Ohio brought back information and enthusiastically shared what they'd learned with the rest of the group. The team worked on adaptation of the Ohio forms they had brought back, and discussed how the process would work in Nebraska. Developed and presented recommendations for the implementation next steps and supports needed to the Protection and Safety Administrators Team, which was meeting in Kearney at the same time.</p> <p><b>9/3 &amp; 4, 2003</b> CCP meeting in Kearney. Continued work with Carole Smith on implementation of proactive supervision in Nebraska. Michelle Graef meeting in evening with Carole Smith and Mary Osborne to discuss issues in implementation.</p> <p><b>9/5/03</b> Supervisor workgroup meeting in Kearney. Follow-</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p>up from CCP meeting. Information from Todd Reckling and Michelle Eby co-leaders of the CCP Initiative regarding comprehensive assessment and integration of this with proactive supervision model. Continued work on forms for Nebraska and planning for presentation at Supervisors' statewide conference to be held in October.</p> <p><b>9/17 &amp; 18, 2003</b> Carole Smith here for consultation in Kearney with supervisor workgroup all day on 18th. Michelle Graef/Megan Potter meeting with Carole in evening of 17<sup>th</sup> with some of the supervision workgroup members. Continued the group's learning about the model. Modification of some of the draft forms. Developed strategy and presentation for upcoming supervisor's conference. Discussed next steps in implementation.</p> <p><b>10/7 &amp; 8, 2003</b> Statewide Supervisor's Conference in Omaha. Carole Smith and 5 supervisors from Hamilton County, Ohio traveled to Nebraska and did presentations to all NE supervisors about proactive supervision including demonstration of a genogram and clinical case review process. The eight supervisor members of the workgroup participated in panel discussions and small group breakout sessions to facilitate rest of the state's supervisor's introduction to the concepts of the model and to answer their questions.</p>
		Establish baseline on timely assignment of intakes.	03/04		
		Establish quarterly targeted improvements that are based on the baseline.	03/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	03/04 and ongoing		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Develop policy that defines what constitutes a “new” report of child abuse/neglect vs. additional information on an existing report	Todd Reckling	Policy developed in collaboration with the National Resource Center for Child Maltreatment and Family Centered Practice.	07/03	07/03	<p>CCP team employed a collaborative approach to develop the policy direction. It was decided that a new report of child maltreatment for the state should match any federal definition of a new report. Intake Policy issues discussed at CCP sessions 1, 2, 3, 4, and 5 with NRC’s for Family Centered practice and Child Maltreatment represented at each of these meetings. CCP Leads (Todd Reckling and Michelle Eby co-leads for CCP Initiative) also met with Cathy Welsh from the Child Maltreatment NRC on July 31 and August 01 in Omaha to discuss safety and risk issues for policy/guidebook related to “new” reports of child abuse/neglect. The Intake Implementation Team under the direction of Cindy Williams, with assistance from the CCP Leads have been addressing the issues of what constitute “new” reports. Meetings or phone conferences occurred during the months of October and November. Draft definition of a new report has been presented to the Intake Implementation Team, but it has not yet been finalized.</p> <p>An Administrative Memo will be distributed 2/04. Subsequent policy will be distributed with the new rules and regulations/guidebook when formally approved. The state is currently operating under existing policy with additional guidance provided in the Intake Desk Aid and through training. The CCP team decided at its first meeting in February 2003 that the rules and regulations “policy” book and worker guidebook needed to be contained together in one document.</p>
		Initiate pilot of new policy in the Eastern Service Area to assess practice issues related the new policy.	07/03	07/03	The Eastern Service Area (Omaha and Papillion) was selected as the test pilot site for the new Intake Report tool and specialized Intake process that included the definition for a new report. Test pilot started on July 15, 2003 and ran until September 15, 2003.
		Evaluate results of the pilot and make adjustments to policy and training as needed.	09/03	09/03	Continuous evaluation was conducted and appropriate adjustments were made to the new Intake Tool and process during the months of July, August, and September. CCP Leads had conference calls and went to Omaha in August and September to “debrief” with the Intake staff, supervisors, and administrators in the Eastern Service Area.

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	10/03	Pilot training 07/03 and statewide 10/03	Training was developed collaboratively. Mary Osborne, lead for the HHS training unit was present at the CCP meetings where the new "vision" for the Intake policy/guidebook and practice was discussed. CCP Leaders met with the trainers and CCFL staff on multiple occasions to develop and/or change current training curricula related to the Intake function. In addition to the training coming from the CCP, Jane Berdie with the National Resource Center for Family Centered Practice provided technical assistance on training. A hardcopy of the training handbook developed and shared with the Intake staff is being sent to the Federal Regional Office.
		Train staff on written policy. Training to be conducted by managers and supervisors.	11/03	11/03	The trainers, Central Office Administration, and all the other Service Area Protection and Safety Administrators presented Intake Training to the Omaha and Papillion Intake and Initial Assessment Administrators and Supervisors on July 10, 2003. The trainers, CCP Lead Todd Reckling, and the Eastern Service Area PSA Maria Lavicky and administrator Kathy Jones delivered training to the Omaha/Papillion staff on July 14, 2003 in Omaha, NE. Training staff provided an additional seven days of over the shoulder training to staff in Omaha during July and August. The trainers, CCP Leaders and other PSA's trained all the specialized intake supervisors and administrators from the intake Sites on September 16 2003 in Kearney, NE. All Specialized Intake Staff were trained on October 21, 2003 in Kearney, NE. On November 6, 2003 training was provided to new workers.

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	11/03	11/03	Sign-in sheets are maintained with training attendance records at the University of Nebraska Center for Children Families and the Law. The number of attendees attending these sessions included: 07/10/03: Specialized Intake Orientation Training- ESA P&S Administrators & Supervisors- Omaha with 33 trainees; 07/14/03: Specialized Intake Process Training- ESA P&S Intake Supervisors & Workers- Omaha with 22 trainees; 09/16/03: Specialized Intake Process Training- Statewide P&S Admin.& Supervisors- Kearney with 30 trainees; 10/21/03: Specialized Intake Process Training- Statewide P&S Supervisors & Workers- Kearney with 34 trainees; 11/06/03: Specialized Intake Process Training- New P&S Workers- Lincoln with 7 trainees
		Written policy disseminated through Administrative Memo.	11/03		Extension requested to 02/04. Administrative Memorandum will be distributed 02/04. Currently operating under existing policy with additional guidance provided in Intake Desk Aid and through training.
		Policy implemented statewide.	11/03		Extension requested to 02/04. The new Intake Tool and Specialized Intake Process was implemented December 01, 2003. Administrative Memo will be distributed 02/04.
Develop and implement methods for measuring compliance with policy on new reports	Todd Reckling	Make necessary changes to N-FOCUS to capture information to identify if a report is 'new' as defined in policy.	12/03		Extension requested to 07/04. N-FOCUS Business Analyst documented (11/25/03) that additional analysis is needed to fully define the intent of this activity. Currently, N-FOCUS allows for the documentation of identical intake information.
		Develop new or revise existing reports to identify cases that may not meet the definition of a new report.	12/03		Extension requested to 07/04. N-FOCUS Business Analyst documented (11/25/03) that additional analysis is needed to fully define the intent of this activity. Currently, N-FOCUS allows for the documentation of identical intake information. We will provide new reports following analysis and development of N-FOCUS.
		Provide supervisors and managers with reports on a monthly basis	12/03		Extension requested to 11/04. N-FOCUS Business Analyst documented (11/25/03) that additional analysis is needed to fully define the intent of this activity. Currently, N-FOCUS allows for the documentation of identical intake information.. New reports will be distributed when completed.

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		On a quarterly basis, conduct case reviews on a sample of cases to determine if cases were defined as a new report correctly. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety.	03/04		
		Develop and implement standardized supervisor oversight process to monitor compliance with policy on new reports in a timely manner. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	11/03		<p>Extension requested to 07/04. The Initial Assessment Supervisor is responsible to make sure all accepted Intake Reports are following the definition for a "new" report. The expectation is that the Initial Assessment Supervisor review all Intake Reports and assure that a new report is taken when necessary as opposed to when the information should just be added to an already "existing" report. The Intake Implementation Team has reviewed this policy direction, but it is not yet finalized. The Protection and Safety Administrators from each of the service areas is responsible for making sure the supervisors are defining "new" Intake Reports versus adding information to an existing report. The PSA can eventually use the monthly response time queries to measure compliance and improvement progress once these are developed in December 2003. How long the supervisor has to correctly identify that a "new" Intake Report should have been generated rather than have the information added onto an existing report will be 2 days.</p> <p>A formalized corrective action plan for what to do when supervisors are not complying with this practice is not finalized, but will be developed. Currently the individual service area Protection and Safety Administrators are taking any corrective action they feel is necessary to make the needed improvement.</p> <p>Our new QA administrator will be providing consultation and technical assistance. The new QA administrator was hired in October. The 3 QA Unit Managers (1 for each of the service areas) were advertised for the weekend of November 22-23.</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p>The QA administrator is starting to work with the CCP team and developers to develop measurement standards on the different case functions such as Intake, Assessment, Case Planning, etc. QA will also work with the “proactive supervision” initiative to identify areas best monitored through direct supervision.</p> <p>A major initiative emerged from the CCP process. This is “proactive supervision” that is modeled after a project in Hamilton County Ohio. The same person who provided assistance in getting that project operational is working with HHS to implement it in Nebraska. One significant factor involved in the proactive supervision is that the supervisors routinely review a consistent set of factors regarding cases and this may include this particular compliance issue. The proactive supervisor process in Nebraska includes the following activities:</p> <p><b>February 25-27, April 7-8, May 28-30, July 15-17, 2003</b> CCP Team received several presentations on proactive supervision and from the National Resource Center consultant, Carole Smith who has worked with Hamilton Co, Ohio.</p> <p><b>March 2003</b> Supervisor workgroup members named by Protection and Safety Administrators; members asked to respond to survey tool describing in detail their tasks and time spent on each in order to get baseline of current supervisory duties in Nebraska.</p> <p><b>5/16/03</b> First supervisory workgroup meeting in Kearney all day; involved 8 supervisors representing all three service areas, and key Central Office staff from Program and Human Resources, and Michelle Graef/Megan Potter from UNL-CCFL; discussed supervisory role in intake process and time in current activities, re-prioritization of supervisors time.</p> <p><b>5/29/03</b> (at CCP meeting) Supervisor workgroup was formally requested to examine Carole Smith’s proactive structured supervision model and make recommendations regarding possible implementation in Nebraska.</p> <p><b>6/23/03</b> All day Supv. Group meeting in Kearney. Time spent learning about the model, and included a conference call with Carole Smith for approximately 1 hour during the meeting. Continued discussion of current supervisory</p>



Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p>practice in Nebraska and challenges faced in implementing change.</p> <p><b>7/15, 16, 17- 2003</b> (at CCP meeting) Discussions of model, additional presentation by Carole Smith, discussion of plan for implementation of model in Nebraska.</p> <p><b>7/18/ 03</b> Meeting of supervisor workgroup all day in Kearney. Worked with Carole Smith to learn more about proactive supervision. Carole created a genogram on a local Nebraska case. This was a major turning point in the project, and generated much excitement and enthusiasm among all team members.</p> <p><b>7/20 – 8/10, 2003</b> Determined that subgroup of NE supervisors workgroup should go to Hamilton County, Ohio to experience proactive supervision first-hand.</p> <p><b>8/12 &amp; 13, 2003</b> Four Nebraska supervisors traveled to Hamilton County, OH to learn more about proactive structured supervision from their supervisors, with on-site facilitation provided by Carole Smith.</p> <p><b>8/18 &amp; 19, 2003</b> Supervisor workgroup meeting in Kearney. The four workgroup members who traveled to Ohio brought back information and enthusiastically shared what they'd learned with the rest of the group. The team worked on adaptation of the Ohio forms they had brought back, and discussed how the process would work in Nebraska. Developed and presented recommendations for the implementation next steps and supports needed to the Protection and Safety Administrators Team, which was meeting in Kearney at the same time.</p> <p><b>9/3 &amp; 4, 2003</b> CCP meeting in Kearney. Continued work with Carole Smith on implementation of proactive supervision in Nebraska. Michelle Graef meeting in evening with Carole Smith and Mary Osborne to discuss issues in implementation.</p> <p><b>9/5/03</b> Supervisor workgroup meeting in Kearney. Follow up from CCP meeting. Information from Todd Reckling and Michelle Eby co-leaders of the CCP Initiative regarding comprehensive assessment and integration of this with proactive supervision model. Continued work on forms for Nebraska and planning for presentation at Supervisors' statewide conference to be held in October.</p> <p><b>9/17 &amp; 18, 2003</b> Carole Smith here for consultation in</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p>Kearney with supervisor workgroup all day on 18th. Michelle Graef/Megan Potter meeting with Carole in evening of 17<sup>th</sup> with some of the supervision workgroup members. Continued the group's learning about the model. Modification of some of the draft forms. Developed strategy and presentation for upcoming supervisor's conference. Discussed next steps in implementation.</p> <p><b>10/7 &amp; 8, 2003</b> Statewide supervisor's conference in Omaha. Carole Smith and 5 supervisors from Hamilton County, Ohio traveled to Nebraska and did presentations to all NE supervisors about proactive supervision including demonstration of genogram and clinical case review process. The eight supervisor members of the workgroup participated in panel discussions and small group breakout sessions to facilitate rest of the state's supervisor's introduction to the concepts of the model and to answer their questions.</p>
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	03/04 and ongoing		A formalized corrective action plan for what to do when supervisors are not complying with this practice is not finalized, but the individual service area administrators are taking any corrective action they feel is necessary to make the needed improvement.

## Item 2. Repeat maltreatment

**Goal Negotiated Measure: % of Improvement:** By 7-1-05 the incidence of repeat maltreatment will be maintained at 6% or below.

**Baseline:** (NCANDS data indicates incidence rates were: 1999 at 4.58%; 2000 at 7.57%; and 2001 at 5.5%).

**Method of Measuring Improvement:** NCANDS report analysis

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Develop policy to define what constitutes a report of repeat maltreatment.	Todd Reckling	Policy developed in collaboration with the National Resource Center for Child Maltreatment and Family Centered Practice.	07/03	07/03	New Policy direction was collaboratively developed through the Collaborative Case Practice (CCP) process for what constitutes a "repeat" maltreatment report. This group includes the Protection and Safety Administrators and Resource Development Administrators from across the State with key Central Office Administrators with consultation from the National Resource Centers (NRCs). CCP team decided that the definition of "repeat maltreatment" would follow the

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					definition used by the federal government that states repeat maltreatment occurs when an additional substantiated Intake Report is received on the same victim within 6 months of receipt of the first report, and where the first substantiated report occurs between Jan 1st and June 30 <sup>th</sup> . (N-FOCUS Business Analyst). Intake Policy issues were discussed at CCP group meeting 1, 2, 3, 4, and 5 with NRC's for Family Centered practice and Child Maltreatment represented at each of these meetings. Todd Reckling and Michelle Eby co-leads for CCP Initiative also met with Cathy Welsh from the Child Maltreatment NRC July 31 and August 01, 2003 in Omaha to discuss safety and risk issues for policy/guidebook and the definition for "repeat" maltreatment. Intake Policy/Guidebook is currently drafted, but not finalized.
		<del>Initiate pilot of new policy in the Eastern Service Area to assess practice issues related the new policy.</del>	<del>07/03</del>		Benchmarks deleted as the determination that a pilot of this policy was unnecessary. Extension Request to 7/04. The Eastern Service Area (Omaha and Papillion) was selected as the test pilot site for the new Intake Report tool and specialized process. Test pilot started on July 15, 2003 and ran until September 15, 2003. The test pilot did NOT implement the new direction for "repeat" maltreatment reports.
		<del>Evaluate results of the pilot and make adjustments to policy and training as needed.</del>	<del>09/03</del>		Extension Request to 7/04.
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	10/03		Extension Request to 7/04.
		Train staff on written policy. Training to be conducted by managers and supervisors.	11/03		Extension Request to 7/04.
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	11/03		Extension Request to 7/04.
		Written policy disseminated through	11/03		Extension request to 07/04. Administrative Memorandum will

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Administrative Memo.			be distributed 07/04. Currently operating under existing policy.
		Policy implemented statewide.	11/03		Extension requested to 07/04. The new Intake Tool and Specialized Intake Process were implemented on December 01, 2003. An Administrative Memo will be distributed 07/04
Develop and implement methods for measuring compliance with policy on repeat maltreatment	Todd Reckling	Make necessary changes to N-FOCUS to capture repeat maltreatment	12/03		Request extension to 7/04. Request change in benchmark to ensure this data collection logic exactly matches the federal definition, the best approach is to utilize SPSS to extract this data from the NCANDS data set (analysis will need to occur as to the frequency to create the data set AND training is needed to utilize SPSS).
		Update existing N-FOCUS reports	12/03		Request extension to 7/04. Request change in benchmark to ensure this data collection logic exactly matches the federal definition, the best approach is to utilize SPSS to extract this data from the NCANDS data set (analysis will need to occur as to the frequency to create the data set AND training is needed to utilize SPSS).
		Provide supervisors and managers with reports on a monthly basis to assure that the rate remains at 6% or under	12/03		Request extension to 7/04. Request change in benchmark to ensure this data collection logic exactly matches the federal definition, the best approach is to utilize SPSS to extract this data from the NCANDS data set (analysis will need to occur as to the frequency to create the data set AND training is needed to utilize SPSS).
		On a quarterly basis, conduct case reviews on a sample of cases to determine if recurrent maltreatment results from the same circumstances or new circumstances. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety.	12/03		The requested review of the new Intake Tool and Process by the NRC for Child Maltreatment and the Central Office is currently being planned for the third week in December. The review will look at best practice to capture "repeat" maltreatment reports.
		Develop and implement standardized supervisor oversight process to monitor compliance with policy on repeat maltreatment. Process will include time frames for supervisor's reconciliation of reports, and	11/03		Extension requested to 07/04. The Initial Assessment Supervisor is responsible to make sure all accepted Intake Reports are complying with the policy on repeat maltreatment. Initial Assessment Supervisors will be able to use the N-FOCUS report to monitor how many repeat maltreatment reports are coming into HHS on any child victim. The Intake

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		timeframe for development of corrective action plan			<p>Implementation Team has reviewed this policy in November, 2003, but it is not yet finalized. The Protection and Safety Administrators from each of the service areas is responsible for making sure the supervisors are correctly defining “repeat maltreatment” Intake Reports. The PSA can eventually use the monthly N-FOCUS report to measure compliance and improvement progress once these reports are developed in December 2003. Extension requested to 07/04. Protection and Safety Administrators are responsible for oversight regarding supervisors and the assignment of Intake Reports to the assessment units. New QA administrator hired in October. The 3 QA Unit Managers (1 for each of the service areas) were advertised for the weekend of November 22-23. The QA administrator is starting to work with the CCP team to develop measurement standards on the different case functions such as Intake, Assessment, Case Planning, etc. QA will also work with the “proactive supervision” initiative to identify areas best monitored through direct supervision.</p> <p>A major initiative emerged from the CCP process. This is “proactive supervision” that is modeled after a project in Hamilton County Ohio. The same person who provided assistance in getting that project operational is working with HHS to implement it in Nebraska. One significant factor involved in the proactive supervision is that the supervisors routinely review a consistent set of factors regarding cases and this may include this particular compliance issue. The proactive supervisor process in Nebraska includes the following activities:  <b>February 25-27, April 7-8, May 28-30, July 15-17-2003</b>  CCP Team received several presentations on proactive supervision and material from the National Resource Center consultant, Carole Smith who worked with Hamilton Co, Ohio and continues to work with the NE supervisors  <b>March 2003</b> Supervisor workgroup members named by Protection and Safety Administrators; members asked to respond to survey tool describing in detail their tasks and time spent on each in order to get baseline of current supervisory duties in Nebraska.  <b>5/16/03</b> First supervisory workgroup meeting in Kearney all day; involved 8 supervisors representing all three service</p>

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					<p>areas, and key Central Office staff from Program and Human Resources, and Michelle Graef/Megan Potter from UNL-CCFL; discussed supervisory role in intake process and time in current activities, re-prioritization of supervisor's time.</p> <p><b>5/29/03</b> (at CCP meeting) Supervisor workgroup was formally requested to examine Carole Smith's proactive structured supervision model and make recommendations regarding possible implementation in Nebraska.</p> <p><b>6/23/03</b> All day Sarpv. Group meeting in Kearney. Time spent learning about the model, and included a conference call with Carole Smith for approximately 1 hour during the meeting. Continued discussion of current supervisory practice in Nebraska and challenges faced in implementing change.</p> <p><b>7/15, 16, 17-2003</b> (at CCP meeting) Discussions of model, additional presentation by Carole Smith, discussion of plan for implementation of model in Nebraska.</p> <p><b>7/18/03</b> Meeting of supervisor workgroup all day in Kearney. Worked with Carole Smith to learn more about proactive supervision. Carole created a genogram on a local Nebraska case. This was a major turning point in the project, and generated much excitement and enthusiasm among all team members.</p> <p><b>7/20 – 8/10-2003</b> Determined that subgroup of NE supervisors workgroup should go to Hamilton County, Ohio to experience proactive supervision first-hand.</p> <p><b>8/12 &amp; 13- 2003</b> Four Nebraska supervisors traveled to Hamilton County, OH to learn more about proactive structured supervision from their supervisors, with on-site facilitation provided by Carole Smith.</p> <p><b>8/18 &amp; 19-2003</b> Supervisor workgroup meeting in Kearney. The four workgroup members who traveled to Ohio brought back information and enthusiastically shared what they'd learned with the rest of the group. The team worked on adaptation of the Ohio forms they had brought back, and discussed how the process would work in Nebraska. Developed and presented recommendations for the implementation next steps and supports needed to the Protection and Safety Administrators Team, which was meeting in Kearney at the same time.</p> <p><b>9/3 &amp; 4, 2003</b> CCP meeting in Kearney. Continued work with Carole Smith on implementation of proactive supervision in</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p>Nebraska. Michelle Graef meeting in evening with Carole Smith and Mary Osborne to discuss issues in implementation.</p> <p><b>9/5/03</b> Supervisor workgroup meeting in Kearney. Follow-up from CCP meeting. Information from Todd Reckling and Michelle Eby co-leaders of the CCP Initiative regarding comprehensive assessment and integration of this with proactive supervision model. Continued work on forms for Nebraska and planning for presentation at Supervisors' statewide conference to be held in October.</p> <p><b>9/17 &amp; 18, 2003</b> Carole Smith here for consultation in Kearney with supervisor workgroup all day on 18th. Michelle Graef/Megan Potter meeting with Carole in evening of 17<sup>th</sup> with some of the supervision workgroup members. Continued the group's learning about the model. Modification of some of the draft forms. Developed strategy and presentation for upcoming supervisor's conference. Discussed next steps in implementation.</p> <p><b>10/7 &amp; 8, 2003 Statewide</b> Supervisor's Conference in Omaha. Carole Smith and 5 supervisors from Hamilton County, Ohio traveled to Nebraska and did presentations to all NE supervisors about proactive supervision including demonstration of a genogram and clinical case review process. The eight supervisor members of the workgroup participated in panel discussions and small group breakout sessions to facilitate rest of the state's supervisor's introduction to the concepts of the model and to answer their questions.</p>
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	12/03 and ongoing		The QA Administrator as well as the newly hired QA Unit Managers will be working with the Protection and Safety Administrators and key Central Office personnel to develop and implement "corrective action plans" to increase compliance with standards. The new role of the proactive supervisor will also promote implementation of corrective action plans and oversight to monitor their progress.
Strengthen policy and practice on the use of comprehensive assessment throughout the life of a case including risk and safety	Todd Reckling	Policy developed in collaboration with the National Resource Center for Child Maltreatment and Family Centered Practice.	07/03		Extension requested to 07/04. The CCP team decided the parameters for what they felt the comprehensive assessment needed to accomplish based on a family centered approach. Comprehensive Assessment issues were discussed at CCP group meetings 1, 2, 3, 4, and 5 with NRC's for Family Centered practice and Child Maltreatment represented at each

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
issues.					of these meetings. CCP Leads (Todd Reckling and Michelle Eby co-leads for CCP Initiative) also met with Cathy Welsh from the Child Maltreatment NRC on July 31 and August 02 in Omaha to discuss safety and risk issues for the comprehensive assessment. CCP Leads met with Janyce Fenton from NRC for Foster Care and Permanency Planning on August 08 in Kearney to discuss the comprehensive assessment and how to do case planning from the assessment. CCP Leads worked with two designated supervisors, one from the ESA, Carla Crook, and one from the CSA (Northern Tier), Sharyn Hjorth to develop the comprehensive assessment details for use initially and ongoing in a case with particular attention given at all times to continuous assessment of safety and risk factors. This small workgroup group met the weeks of June 17-20 and June 23-27 in Columbus, NE and in Lincoln. CCP Leads have continued to work on the comprehensive assessment from August-current The comprehensive assessment is not yet finalized.
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	10/03		Extension requested 07/04. Todd Reckling and Michelle Eby –co-leads for CCP initiative, have been meeting with the HHS Training Unit regarding the Comprehensive Assessment during the months of August-October, 2003. In order to facilitate collaboration, training staff from CCFL and HHS designated as being responsible for future training on the comprehensive assessment were present at these meetings. Trainers present were as follows: Sandy Carmichael, Brian Poppe, Shelley Johnson, Paulette Wathen, and Mary Osborne. The Trainers were trained on Family Centered Practice “Wrap Around” Principles and approaches on August 14, 2003. The trainers also met or had calls with Todd Reckling and Michelle Eby co-leads for CCP Initiative on numerous occasions throughout the months of August, September and October to discuss the new conceptual design for the comprehensive assessment and to begin to design training curricula. Training on the comprehensive assessment conceptual designs were delivered to the supervisors from the designated test sites on October 29, and November 19, 2003. Mary Osborne, lead for the HHS training unit, was present at the CCP meetings were the new vision for the comprehensive assessment was discussed. Changes continue to be made to the comprehensive



Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					assessment and the actual tool has not yet been finalized. CCP Leads presented on the comprehensive assessment concepts at the Supervisor's Conference in Omaha on October 08, 2003.
		Train staff on written policy. Training to be conducted by managers and supervisors.	11/03		Extension requested 07/04. The Trainers were trained on Family Centered Practice and the new policy/guidebook ideas and practice ideas on August 14 in Lincoln, NE. The Supervisors that have been identified for the test pilot sites for the comprehensive assessment have started to receive training on the comprehensive assessment. Training with the supervisors occurred on October 29, and November 19. The next meeting dates between the Comprehensive Assessment Implementation Team, Trainers and CCP Leads are scheduled for January 8 and 29, and February 18 and 19, 2004. Central Office program specialists that will be working with programs impacted by the comprehensive assessment will be included in the comprehensive assessment training and family centered practice training that is being scheduled for sometime in January 2004.
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	11/03		Extension requested 07/04
		Written policy disseminated through Administrative Memo	11/03		Extension requested 07/04
		Policy implemented statewide.	11/03		Extension requested 07/04
Strengthen policy and practice on the use of risk and safety assessment for children who have experienced maltreatment by an out of home care provider including required follow-up actions	Todd Reckling	Policy developed in collaboration with the National Resource Center for Child Maltreatment and Family Centered Practice.	07/03	07/03	A draft of an out-of-home assessment has been completed. Collaboration has included Cathy Welsh with the NRC for Child Maltreatment who met with Todd Reckling and Michelle Eby co-leads for CCP Initiative on July 31 and August 01 in Omaha, NE and discussed best practice and ways to thoroughly assess safety and risk for children placed in out-of-home care. Initially, the out-of-home assessment was a stand alone assessment, but it was later included within the content of the comprehensive assessment. The out-of home assessment is designed to address safety and risk factors present for the child, the care provider(s), and other children (both biological of the caretaker as well as other foster care children)in the out-of-home placement. A draft of a resource book for foster parents that have had allegations of maltreatment made against them is being jointly developed with Mary Burt, director of the Nebraska Foster and Adoptive

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					Parent Association (NFAPA). The resource book has undergone several revisions and is not yet finalized.
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	10/03		Extension requested 07/04. Todd Reckling and Michelle Eby –co-leads for CCP initiative, have been meeting with the HHS Training Unit regarding the Comprehensive Assessment during the months of August-October, 2003. In order to facilitate collaboration, training staff from CCFL and HHS who are designated as being responsible for future training on the comprehensive assessment were present at these meetings. Trainers present were as follows: Sandy Carmichael, Brian Poppe, Shelley Johnson, Paulette Wathen, and Mary Osborne. The Trainers were trained on Family Centered Practice “Wrap Around” Principles and approaches on August 14, 2003. The trainers also met or had calls with Todd Reckling and Michelle Eby co-leads for CCP Initiative on numerous occasions throughout the months of August, September and October to discuss the new conceptual design for the comprehensive assessment and to begin to design training curricula. Training on the comprehensive assessment and out-of-home assessment conceptual designs were delivered to the supervisors from the designated test sites on October 29, and November 19, 2003. Mary Osborne, lead for the HHS training unit was present at the CCP meetings where the new vision for the comprehensive assessment and out-of-home assessment were discussed. Changes continue to be made to the out-of-home assessment and the actual tool has not yet been finalized.
		Train staff on written policy. Training to be conducted by managers and supervisors.	11/03		Extension requested 07/04
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	11/03		Extension requested 07/04
		Written policy disseminated through Administrative Memo.	11/03		Extension requested 07/04
		Policy implemented statewide.	11/03		Extension requested 07/04

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Design and implement methods for measuring compliance with assessment including risk and safety policies	Todd Reckling	Determine methods for measurement including the potential use of N-FOCUS and/or case reads.	12/03	12/03	A case read will be necessary. We will need to do a quality assurance measure on the comprehensive assessments through a case read and not through an N-FOCUS report. The measurement of maltreatment, safety and risk within a completed comprehensive assessment will have to be measured by its quality and ability to adequately identify and address safety and risk rather than just measure that the task of completing the assessment was done. Todd Reckling will work with Cathy Welsh from the NRC for Child Maltreatment to design and schedule a case read on the comprehensive assessments.
		Develop and implement standardized supervisor oversight process for measuring compliance with assessment including risk and safety policies. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	11/03		<p>Extension requested 07/04. The Ongoing Supervisor is responsible to make sure all accepted Intake Reports are complying with the policy on out-of-home assessments. Supervisors will be able to use the N-FOCUS report to monitor how many out-of-home assessments reports are being completed by staff on any child victim in an out-of-home placement. The Comprehensive Assessment Implementation Team has reviewed this policy in November 2003, but it is not yet finalized. The Protection and Safety Administrators from each of the service areas is responsible for making sure the supervisors are correctly monitoring out-of-home assessments. The PSA can eventually use the monthly N-FOCUS report to begin to measure compliance and improvement progress once these reports are developed in N-FOCUS. Protection and Safety Administrators are responsible for oversight regarding supervisors and the assignment of out-of-home</p> <p>The New QA administrator was hired in October. The 3 QA Unit Managers (1 for each of the service areas) were advertised for the weekend of November 22-23. The QA administrator will be working with the CCP team to develop measurement standards Out-of-Home maltreatment reports. QA will also work with the "proactive supervision" initiative to identify areas best monitored through direct supervision.</p> <p>A major initiative emerged from the CCP process. This is "proactive supervision" that is modeled after a project in Hamilton County Ohio. The same person who provided assistance in getting that project operational is working with HHS to implement it in Nebraska. One significant factor involved in the proactive supervision is that the supervisors</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p>routinely review a consistent set of factors regarding cases and this may include this particular compliance issue. The proactive supervisor process in Nebraska includes the following activities:</p> <p><b>February 25-27, April 7-8, May 28-30, July 15-17, 2003</b> CCP Team received several presentations on proactive supervision and material from the National Resource Center consultant, Carole Smith who worked with Hamilton Co, Ohio and continues to work with the NE supervisors</p> <p><b>March 2003</b> Supervisor workgroup members named by Protection and Safety Administrators; members asked to respond to survey tool describing in detail their tasks and time spent on each in order to get baseline of current supervisory duties in Nebraska.</p> <p><b>5/16/03</b> First supervisory workgroup meeting in Kearney all day; involved 8 supervisors representing all three service areas, and key Central Office staff from Program and Human Resources, and Michelle Graef/Megan Potter from UNL-CCFL; discussed supervisory role in intake process and time in current activities, re-prioritization of supervisors time.</p> <p><b>5/29/03</b> (at CCP meeting) Supervisor workgroup was formally requested to examine Carole Smith's proactive structured supervision model and make recommendations regarding possible implementation in Nebraska.</p> <p><b>6/23/03</b> All day Sarpv. Group meeting in Kearney. Time spent learning about the model, and included a conference call with Carole Smith for approximately 1 hour during the meeting. Continued discussion of current supervisory practice in Nebraska and challenges faced in implementing change.</p> <p><b>7/15, 16, 17-2003</b> (at CCP meeting) Discussions of model, additional presentation by Carole Smith, discussion of plan for implementation of model in Nebraska.</p> <p><b>7/18/03</b> Meeting of supervisor workgroup all day in Kearney. Worked with Carole Smith to learn more about proactive supervision. Carole created a genogram on a local Nebraska case. This was a major turning point in the project, and generated much excitement and enthusiasm among all team members.</p> <p><b>7/20 – 8/10, 2003</b> Determined that subgroup of NE supervisors workgroup should go to Hamilton County, Ohio to experience proactive supervision first-hand.</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p><b>8/12 &amp; 13, 2003</b> Four Nebraska supervisors traveled to Hamilton County, OH to learn more about proactive structured supervision from their supervisors, with on-site facilitation provided by Carole Smith.</p> <p><b>8/18 &amp; 19, 2003</b> Supervisor workgroup meeting in Kearney. The four workgroup members who traveled to Ohio brought back information and enthusiastically shared what they'd learned with the rest of the group. The team worked on adaptation of the Ohio forms they had brought back, and discussed how the process would work in Nebraska. Developed and presented recommendations for the implementation next steps and supports needed to the Protection and Safety Administrators Team, which was meeting in Kearney at the same time.</p> <p><b>9/3 &amp; 4, 2003</b> CCP meeting in Kearney. Continued work with Carole Smith on implementation of proactive supervision in Nebraska. Michelle Graef meeting in evening with Carole Smith and Mary Osborne to discuss issues in implementation.</p> <p><b>9/5/03</b> Supervisor workgroup meeting in Kearney. Follow-up from CCP meeting. Information from Todd Reckling and Michelle Eby co-leaders of the CCP Initiative regarding comprehensive assessment and integration of this with proactive supervision model. Continued work on forms for Nebraska and planning for presentation at Supervisors' statewide conference to be held in October.</p> <p><b>9/17 &amp; 18, 2003</b> Carole Smith here for consultation in Kearney with supervisor workgroup all day on 18th. Michelle Graef/Megan Potter meeting with Carole in evening of 17<sup>th</sup> with some of the supervision workgroup members. Continued the group's learning about the model. Modification of some of the draft forms. Developed strategy and presentation for upcoming supervisor's conference. Discussed next steps in implementation.</p> <p><b>10/7 &amp; 8, 2003</b> Statewide Supervisor's Conference in Omaha. Carole Smith and 5 supervisors from Hamilton County, Ohio traveled to Nebraska and did presentations to all NE supervisors about proactive supervision including demonstration of a genogram and clinical case review process. The eight supervisor members of the workgroup participated in panel discussions and small group breakout sessions to facilitate rest of the state's supervisor's introduction to the</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					concepts of the model and to answer their questions.
		Provide supervisors and managers with reports based on the method of measurement.	12/03		Extension requested 07/04
		Establish baseline in complying with assessment policies.	03/04		Extension requested 07/04
		Establish targeted improvements based on baseline	03/04		Extension requested 07/04
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	03/04 and ongoing		Extension requested 07/04

**Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.**

**GOAL:** By 12/31/04, Nebraska will increase their ability from 88.67 to 90% to maintain children safely in their homes whenever possible and appropriate.

**Evaluation method:** N-FOCUS

**Baseline:** 88.67% established during the CFSR

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Strengthen policy and practice concerning timely service provision during the comprehensive assessment	Todd Reckling	Policy developed in collaboration with the NRCs for Child Maltreatment and Family Centered Practice.	09/03		Extension requested 07/04. The CCP team decided that both formal and informal supports and services should be delivered to a child and/or family starting as soon as the first contact. Service Provision issues were discussed at CCP groups 1, 2, 3, 4, and 5 with NRC's for Family Centered practice and Child Maltreatment represented at each of these meetings. Todd Reckling and Michelle Eby –co-leads for CCP initiative also met with Cathy Welsh from the Child Maltreatment NRC on July 31 and August 01 in Omaha to discuss service provision related to safety and risk. We discussed alternatives to removal of the child for safety intervention and strategize on how to utilize non-custodial parents and relatives for safety services and placement when necessary. The Comprehensive Assessment. Implementation Team has not yet started to address the issue of service provision. Services that are currently available to a child and family will remain in place as the types of services currently available in Nebraska are believed to be good services to address needs. In addition to the formal services, Nebraska is moving to capitalize on using more and more informal supports as offered by non-custodial parents, relatives, and local communities. Service Provision is not finalized at this point. Need to continue working on service provision. More information will be available regarding services once the service array assessment of communities is completed.
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	11/03		Extension requested 07/04. Mary Osborne, lead for the HHS training unit was present at the CCP meetings where the new vision for service provision was discussed. In order to facilitate collaboration, Todd Reckling and Michelle Eby –co-leads for CCP initiative, have been meeting with the CCFL and HHS trainers during the months of August, September, and October and there have been some discussion about the needed services to assist in keeping children safe and the increased utilization of relatives, neighbors, and communities for informal supports in addition to the more traditional formal support services such as family support and therapy.
		Train staff on written policy. Training to be conducted by managers and supervisors.	12/03		Extension requested 07/04

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	12/03		Extension requested 07/04
		Written policy disseminated through Administrative Memo.	12/03		Extension requested 07/04
		Policy implemented statewide.	01/04		Extension requested 07/04. The new Comprehensive Assessment to include appropriate service identification and delivery will be test piloted in February 2004 in Gering, Columbus, Grand Island, and possibly Omaha or Lincoln The Comprehensive Assessment with appropriate identification and utilization of services is slated for statewide implementation in May 2004.
Use N-FOCUS report that tracks the timeframe between the beginning of comprehensive assessment and the provision of services.	Todd Reckling	Provide supervisors and managers with report on monthly basis	12/03		Extension requested 07/04. Currently, the Response Time queries measure, among other things, the time to: (1) initiate Assessment {"Intake Rec'd Date" and "Assessment Begin Date"} and (2) complete Assessment {"Intake Rec'd Date" and "Assessment End Date"}. The report can be enhanced to identify when a service was initiated. Discussions and decisions will need to occur regarding what is acceptable to be measured as a service (i.e. whether it has to be a formal service versus an informal service).
		Establish baseline that tracks the timeframes between the beginning of assessment and the provision of services.	12/03		Extension requested 07/04. Service provision is currently collected in NCANDS, but additional analysis is needed to perfect its collection.
		Establish targeted improvements based on baseline	12/03		Extension requested 07/04
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	12/03 and ongoing		Extension requested 07/04



<b>Action Steps</b>	<b>Lead Responsibility</b>	<b>Benchmarks</b>	<b>Date Projected</b>	<b>Date Actual</b>	<b>Progress Report</b>
Strengthen HHS, law enforcement and county attorney use of the local 1184 teams to address issues of child safety.	Chris Hanus	Disseminate 1184 survey conducted by CCFL to Protection and Safety Administrators	07/03	12/03	The 1184 (abbreviated name for county level multi disciplinary investigation and treatment teams) survey report was disseminated to Protection and Safety Administrators and the County Attorneys in 12/03. The 1184 survey report was also distributed to the Children's Task Force members in November 2003. (See attached report.) The report shows that mandated 1184 Investigative and Treatment Teams are not functioning in all 93 counties.
		Collaborate with Nebraska Children and Families Foundation 1184 teams on strategies to improve communication, to prevent unnecessary removal of children from their homes and guarantee team assessments of safety when necessary.	9/03	9/03	The Governor's Children's Task Force has been looking at the operation of the 1184 teams during the months of October and November 2003. The Task Force will be making recommendations to the Governor in December 2003 regarding the future functioning of the 1184 Teams and how to get all counties involved with active teams.
		Communicate with county attorneys regarding the findings of the 1184 evaluation to determine possible local actions to strengthen the 1184 teams.	10/03	12/03	The 1184 survey report was disseminated to the County Attorneys in 12/03.

<b>Action Steps</b>	<b>Lead Responsibility</b>	<b>Benchmarks</b>	<b>Date Projected</b>	<b>Date Actual</b>	<b>Progress Report</b>
Strengthen policy and practice on comprehensive assessments to assure quality and timely assessments.	Todd Reckling	Policy developed in collaboration with the National Resource Centers for Child Maltreatment, Foster Care and Permanency Planning and Family Centered Practice.	09/03		Extension requested 07/04. The CCP team decided the parameters for what they felt the comprehensive assessment needed to accomplish in terms of quality and timeliness of completion of the actual assessment based on a family centered model approach. Comprehensive Assessment issues were discussed at CCP group meetings 1, 2, 3, 4, and 5 with NRC's for Family Centered practice and Child Maltreatment represented at each of these meetings. Todd Reckling and Michelle Eby –co-leads for CCP initiative worked with two designated supervisors, one from the ESA, Carla Crook, and one from the CSA (Northern Tier), Sharyn Hjorth to develop the comprehensive assessment details. This group met in the month of June in Columbus, NE and in Lincoln. Todd Reckling and Michelle Eby co-leads for CCP Initiative have also continued to work on the comprehensive assessment since August 2003 and continue to do so presently. The comprehensive assessment is not yet finalized. The CCP group has discussed the timeliness of the assessment and it has been proposed that the assessment be completed within either 45 or 60 days. The time frame has not yet been finalized as there is concern about the workload issues. The quality aspect is still being refined. The intent of the assessment was to gather as much pertinent information as possible to thoroughly address safety and risk factors, the child's vulnerability and to comprehensively understand the protective capacities of the parent/caretaker. A deeper understanding of how any issues of Domestic Violence, Substance Abuse and Mental Health play into the family dynamics and the safety of the child was desired. The additional quality and completeness of the assessment requires more time to complete the instrument so a further workload analysis needs to be completed.

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	11/03		Extension requested 07/04 In order to facilitate collaboration; Todd Reckling and Michelle Eby –co-leads for CCP initiative have been meeting with the CCFL and HHS Training Unit regarding the Comprehensive Assessment during the months of August-October, 2003. Training staff designated as being responsible for future training on the comprehensive assessment were present at these meetings. Trainers present were as follows: Sandy Carmichael, Brian Poppe, Shelley Johnson, Paulette Wathen, and Mary Osborne. The Trainers were trained on Family Centered Practice “Wrap Around” Principles and approaches on August 14, 2003. The trainers also met or had calls with Todd Reckling and Michelle Eby co-leads for CCP Initiative on numerous occasions throughout the months of August, September and October to discuss the new conceptual design for the comprehensive assessment and to begin to design training curricula. Training on the comprehensive assessment’s conceptual design was delivered to the supervisors from the designated test sites on October 29, and November 19, 2003. Mary Osborne, lead for the HHS training unit was present at the CCP meetings where the new vision for the comprehensive assessment was discussed. Changes continue to be made to the comprehensive assessment and the actual tool has not yet been finalized.
		Train staff on written policy. Training to be conducted by managers and supervisors.	12/03		Extension requested 07/04. Training on the comprehensive assessment’s conceptual design was delivered to the supervisors from the designated test sites on October 29, and November 19, 2003. Some of the Central Office program specialists that will be working with programs impacted by the comprehensive assessment were included in the comprehensive assessment training that occurred on October 29, 2003. Central Office staff will receive additional training on family-centered practice and the comprehensive assessment in January 2004. A training date for workers has not been set at this time.
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	12/03		Extension requested 07/04
		Written policy disseminated through Administrative Memo.	12/03		Extension requested 07/04

<b>Action Steps</b>	<b>Lead Responsibility</b>	<b>Benchmarks</b>	<b>Date Projected</b>	<b>Date Actual</b>	<b>Progress Report</b>
		Policy implemented statewide.	01/04		Extension requested 07/04
Develop and implement methods to monitor timely comprehensive assessments.	Todd Reckling	Provide supervisors and managers with report on monthly basis	03/04	8/02	The Business Analyst's response time queries currently measure the timely completion of initial and family assessments. These reports are made available to supervisors and managers on a monthly basis and have been available since 08/08/02. These queries may need to be updated dependent upon any changes in policy.
		Develop and implement standardized supervisor oversight process to monitor compliance with initiating comprehensive assessments in a timely manner. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	03/04		
		Establish baseline to monitor timely comprehensive assessments.	03/04		
		Establish targeted improvements based on baseline	03/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	03/04 and ongoing		
Develop and implement methods to monitor the quality of comprehensive assessments	Todd Reckling	Develop and implement methods of measurement to monitor the quality of the comprehensive assessment.	03/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Develop and implement standardized supervisor oversight process to monitor compliance with assessment policies. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	03/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol.	03/04 and ongoing		
Strengthen policy to mandate monthly worker visits at a minimum, with children and families or more frequently based on identified needs to ensure safety of children	Margaret Bitz	Policy developed by HHSS.	09/02	08/02	In July & August 2002 policy mandating a minimum of monthly contact between a worker & youth, parent and out of home care provider was developed. 08-30-2002 a Program Memo was issued requiring staff to have monthly in-home contact with state wards. 10-30-02 a revised Program Memo was issued which clarified specifics regarding monthly contacts with youth.
		Training developed by HHS Staff.	09/02	09/02	09-02 Supervisors and administrative staff were asked to review this memo with staff, outline the front line work issues and how to enter the information on the data system. The Training Unit incorporated this policy into their new worker and on-going training.
		Train staff on written policy. Training to be conducted by managers and supervisors.	09/02	09/02	09/02 Supervisors and administrative staff reviewed this memo with staff, outlined the front line work issues and how to enter the information on the data system. The Training Unit incorporated this policy into their new worker and on-going training.
		Written policy disseminated through Administrative Memo.	09/02	09/02	08/02 Administrative Memo sent to staff outlining the new policy.
		Policy implemented statewide.	09/02	09/02	08/02 Policy Implemented statewide based on the Administrative memo sent 08-02. Implementation was effective immediately so that all youth had their first required monthly contact by 09-30-2002.

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Develop and implement methods to monitor worker visits with children and families.	Margaret Bitz	Develop N-FOCUS reports that assist supervisors and managers in tracking visitation with children and families.	11/02	11/02	11/02 reports were developed for staff, supervisors and managers to track monthly contact with youth and families.
		Provide supervisors and managers with report on monthly basis	11/02	11/02	11/02 reports are sent to staff, supervisors and managers monthly.
		Develop and implement standardized supervisor oversight process to monitor compliance with worker visits with children and families. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	0703	7/03	<p>Each month the Deputy Administrator forwards a tracking report to supervisors and administrators. This report outlines the youth who have had a contact for the month in question and those who have not. Supervisors and administrators are notified at that time the 'due' date to have this information added to the data system in order for the 'contact' to count.</p> <p>The Deputy Administrator also forwards monthly reports outlining the status for the month regarding compliance. If the monthly percentage has not equaled or exceeded the previous month numbers, a corrective action plan is developed to ensure that we are working towards meeting the goal of 90% compliance. This corrective action plan may be done at any level within the organization.</p> <p>A major initiative emerged from the CCP process. This is "proactive supervision" that is modeled after a project in Hamilton County Ohio. The same person who provided assistance in getting that project operational is working with HHS to implement it in Nebraska. One significant factor involved in the proactive supervision is that the supervisors routinely review a consistent set of factors regarding cases and this may include this particular compliance issue. The proactive supervisor process in Nebraska includes the following activities:  <b>February 25-27, April 7-8, May 28-30, July 15-17-2003</b>  CCP Team received several presentations on proactive supervision and material from the National Resource Center consultant, Carole Smith who worked with Hamilton Co, Ohio and continues to work with the NE supervisors.  <b>March 2003</b> Supervisor workgroup members named by Protection and Safety Administrators; members asked to respond to survey tool describing in detail their tasks and time spent on each in order to get baseline of current supervisory</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p>duties in Nebraska.</p> <p><b>5/16/03</b> First supervisory workgroup meeting in Kearney all day; involved 8 supervisors representing all three service areas, and key Central Office staff from Program and Human Resources, and Michelle Graef/Megan Potter from UNL-CCFL; discussed supervisory role in intake process and time in current activities, re-prioritization of supervisor's time.</p> <p><b>5/29/03</b> (at CCP meeting) Supervisor workgroup was formally requested to examine Carole Smith's proactive structured supervision model and make recommendations regarding possible implementation in Nebraska.</p> <p><b>6/23/03</b> All day Sarpy. Group meeting in Kearney. Time spent learning about the model, and included a conference call with Carole Smith for approximately 1 hour during the meeting. Continued discussion of current supervisory practice in Nebraska and challenges faced in implementing change.</p> <p><b>7/15, 16, 17-2003</b> (at CCP meeting) Discussions of model, additional presentation by Carole Smith, discussion of plan for implementation of model in Nebraska.</p> <p><b>7/18/03</b> Meeting of supervisor workgroup all day in Kearney. Worked with Carole Smith to learn more about proactive supervision. Carole created a genogram on a local Nebraska case. This was a major turning point in the project, and generated much excitement and enthusiasm among all team members.</p> <p><b>7/20 – 8/10-2003</b> Determined that subgroup of NE supervisors workgroup should go to Hamilton County, Ohio to experience proactive supervision first-hand.</p> <p><b>8/12 &amp; 13-2003</b> Four Nebraska supervisors traveled to Hamilton County, OH to learn more about proactive structured supervision from their supervisors, with on-site facilitation provided by Carole Smith.</p> <p><b>8/18 &amp; 19-2003</b> Supervisor workgroup meeting in Kearney. The four workgroup members who traveled to Ohio brought back information and enthusiastically shared what they'd learned with the rest of the group. The team worked on adaptation of the Ohio forms they had brought back, and discussed how the process would work in Nebraska. Developed and presented recommendations for the implementation next steps and supports needed to the Protection and Safety Administrators Team, which was</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p>meeting in Kearney at the same time.</p> <p><b>9/3 &amp; 4-2003</b> CCP meeting in Kearney. Continued work with Carole Smith on implementation of proactive supervision in Nebraska. Michelle Graef meeting in evening with Carole Smith and Mary Osborne to discuss issues in implementation.</p> <p><b>9/5/03</b> Supervisor workgroup meeting in Kearney. Follow-up from CCP meeting. Information from Todd Reckling and Michelle Eby co-leaders of the CCP Initiative regarding comprehensive assessment and integration of this with proactive supervision model. Continued work on forms for Nebraska and planning for presentation at Supervisors' statewide conference to be held in October.</p> <p><b>9/17 &amp; 18-2003</b> Carole Smith here for consultation in Kearney with supervisor workgroup all day on 18th. Michelle Graef/Megan Potter meeting with Carole in evening of 17<sup>th</sup> with some of the supervision workgroup members. Continued the group's learning about the model. Modification of some of the draft forms. Developed strategy and presentation for upcoming supervisor's conference. Discussed next steps in implementation.</p> <p><b>10/7 &amp; 8-2003</b> Statewide Supervisor's Conference in Omaha. Carole Smith and 5 supervisors from Hamilton County, Ohio traveled to Nebraska and did presentations to all NE supervisors about proactive supervision including demonstration of a genogram and clinical case review process. The eight supervisor members of the workgroup participated in panel discussions and small group breakout sessions to facilitate rest of the state's supervisor's introduction to the concepts of the model and to answer their questions.</p>
		Establish baseline to monitor that workers have monthly contact at a minimum with every child and family.	07/03		03/04 extension requested. QA staff are not yet on board to assist in developing a formal process.



Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	07/03 and ongoing	07/03	Corrective action plans have been put in place where compliance with increasing the monthly contact with youth has not occurred.
Conduct service array pilot in two areas using National Family Centered Practice model that will identify service needs, gaps and improvements needed to address timely initiation of services; assure the ability to offer needed services; develop in-home services and reduce service waiting lists.	Chris Hanus	Select service array pilot sites	03/04		
		Select staff to conduct service array assessment	03/04		
		Complete assessment including: community/neighborhood prevention, early intervention services; investigative, assessment functions; home-based interventions/services; out-of-home reunification/permanency services; child welfare system exits/services	06/04		
		Finalize and report results that list the gaps or improvements needed for services in that area	09/04		
		Develop and implement plan to fill gaps or improve existing services	12/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Monitor effectiveness of plan by using multiple QA functions in assessing for gaps in services, and provision of services.	03/05		
		Expand model to remaining service areas	06/05		

**Outcome P1: Children have permanency and stability in their living situations.**

**GOAL:** Nebraska will increase children's permanency and stability in their living situations. By 12-31-03 from 45.7% to 55%.

**Evaluation method:** Nebraska CFSR

**Baseline:** 45.7% established during the CFSR

Request extension to 7/04. We have just implemented the new intake procedures statewide in 12/03. Based on the Omaha test site and the increased media attention to child safety (Children's Task Force focusing on child deaths) the number of intakes received has doubled in some areas and those accepted for assessment have also increased. At this time we are trying to address the staff resource issues that this has caused. We only have the same number of staff to work on assessments as we did prior to implementation of the new intake process. In shifting staff resources we have been unable to specifically address permanency and stability of youth in their living situations.

**Item 6. Stability of foster care placement**

**Goal Negotiated Measure; % of Improvement:** By 7-1-05, Nebraska will increase the percentage of children with no more than two placements settings from 78.2% to 80.1%.

**Baseline:** 782% established in the State Data Profile

**Method of Measuring Improvement:** N-FOCUS

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Strengthen matching process of child with placement resources through expedited family group conferencing.	Margaret Bitz	Identify current utilization of expedited family group conferencing through review of current contracts and numbers of families served.	10/03		Extension Requested to 3/04. The Department has contracts with private agencies to provide traditional family group conferencing, as well as expedited family group conferencing, facilitation and mediation. These contracts are currently being examined along with producing numbers to identify families served. Request a change in the wording of the benchmark, eliminating the reference to number of families meeting the criteria for use of family group conferencing. We have no way to know that number.

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Identify targeted increase of expedited family group conferencing to locate family members or natural supports of family for placement opportunities.	01/04		Extension Requested to 3/04
Strengthen matching process of child with placement resources through the use of N-FOCUS.	Margaret Bitz	Require N-FOCUS use of child and provider characteristics fields to activate existing N-FOCUS matching capabilities	03/04		
		Develop an exception report on N-FOCUS that identifies characteristic fields are completed for all children and foster parents.	06/04		
		Provide supervisors and managers with copies of reports.	06/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	06/04 and ongoing		
Strengthen policy that defines limited use of emergency shelter placements.	Todd Reckling	Policy developed by HHSS.	08/01	07/01	Policy on the use of Emergency Shelter Care was written in July 2001. The policy specified the intended use of shelter care to be a temporary placement of 30 days or less for a child pending a more permanent placement or return home.
		Training developed by HHS Staff.	08/01	08/01	Information was distributed to staff via an Administrative Memo. The information regarding the policy for shelter care use was shared by the Protection and Safety Administrators from the six service areas with their protection and safety supervisors and staff.

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Train staff on written policy. Training to be conducted by managers and supervisors.	08/01	08/01	Information was distributed to staff via an Administrative Memo. The information regarding the policy for shelter care use was shared by the Protection and Safety Administrators from the six service areas with their protection and safety supervisors and staff.
		Written policy disseminated through Administrative Memo. Policy implemented statewide.	08/01	08/01	Policy was issued to all staff on August 23, 2001 via an Administrative Program Memo. The policy information is currently written into formal rules and regulation language and it is pending a public hearing.
Develop and implement methods for measuring compliance with policy regarding emergency shelter care	Todd Reckling	Develop N-FOCUS report to monitor use of emergency shelters.	04/02	03/02	An N-FOCUS Report was developed in March 2002. However, hand counts of the shelter care data were turned into the Central Office by each of the service areas on a monthly basis due to concerns that the N-FOCUS data was not accurate based on workload issues and workers not being able to enter data in a timely fashion.
		Provide supervisors and managers with reports on a monthly basis.	08/03	03/02	The service areas received aggregated data at various times regarding utilization of shelter care placements and use of extensions. All extensions were initially sent into the Central Office to be approved, but this function later was returned to the PSA's in each of their respective service areas. N-FOCUS monthly report is being sent to the service areas. A revised report will be completed in January 2004.
		Develop and implement standardized supervisor oversight process to monitor compliance with policy regarding emergency shelter care. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	08/03	7/02	A process to monitor compliance with the shelter care memo and the request for any extension beyond a 30 day period was an administrative function of Central Office staff from the time the memo was issued in August 2001, until July 2002. In July 2002, compliance monitoring reverted back to the Protection and Safety Administrator in each service area. In order for the function of shelter care extensions to stay within the local service area, the corrective action plan was that a service area could not exceed its baseline target for 1) average total number of kids in care more than 30 days, and 2) average total number of days used for emergency shelter care by more than +2% for any given quarter or the function of approving extensions of care beyond 30 days for that particular service area was to return to the Central Office.

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Establish baseline and target dates regarding usage of emergency shelters.	08/03	7/02	Baseline numbers for 1) total number of kids in care per month 2) total number of kids in care for more than 30 days and 3) the total number of days of emergency shelter care per month were established for each service area based on historical data for that area. The baseline statistics were distributed to all the service areas on July 03, 2002.
		Targeted improvements will be monitored through N-FOCUS reports.	08/03		Extension requested 01/04. Shelter care costs were reduced by almost 50% during the first year so no improvement plan was required. Current utilization data is being completed and a new report will be issued in January 2004. An improvement plan will be developed and implemented in January 2004 if needed.
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	08/03 and ongoing		Extension request to 1/04. If there is more than a 2% increase in shelter care stays then the function of oversight of shelter care placements was to return to the Central Office.
Strengthen policy to mandate minimum monthly worker visits with the out of home care provider or more frequently based upon identified needs	Margaret Bitz	Policy developed by HHSS.	09/02	08/02	In July & August 2002 policy mandating a minimum of monthly contact between a worker & youth, parent and out of home care provider was developed. 08-30-2002 a Program Memo was issues requiring staff to have monthly in-home contact with state wards. 10-30-02 a revised Program Memo was issues which clarified specifics regarding monthly contacts with youth.
		Training developed by HHS Staff.	09/02	09/02	09-02 Supervisors and administrative staff were asked to review this memo with staff, outline the front line work issues and how to enter the information on the data system. The Training Unit incorporated this policy into their new worker and on-going training.
		Train staff on written policy. Training to be conducted by managers and supervisors.	09/02	09/02	09-02 Supervisors and administrative staff reviewed this memo with staff, outlined the front line work issues and how to enter the information on the data system. The Training Unit incorporated this policy into their new worker and on-going training.

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Written policy disseminated through Administrative Memo.	09/02	09/02	08/02 Administrative Memo sent to staff outlining the new policy.
		Policy implemented statewide.	09/02	09/02	08/02 Policy Implemented statewide based on the Administrative memo sent 08-02. Implementation was effective immediately so that all youth had their first required monthly contact by 09-30-2002.
Develop and implement methods to monitor timeliness and quality of worker visits with the out of home care provider	Margaret Bitz	Develop N-FOCUS reports that assist supervisors and managers in tracking worker visits with out of home care provider.	11/02	11/02	11/02 reports were developed for staff, supervisors and managers to track monthly contact with youth and families.
		Provide supervisors and managers with report on monthly basis	11/02	11/02	11/02 reports are sent to staff, supervisors and managers monthly.
		Develop and implement standardized supervisor oversight process to monitor compliance with monthly contacts with every child and family. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	07/03	07/03	<p>Each month the Deputy Administrator forwards a tracking report to supervisors and administrators. This report outlines the youth who have had a contact for the month in question and those who have not. Supervisors and administrators are notified at that time the 'due' date to have this information added to the data system in order for the 'contact' to count.</p> <p>The Deputy Administrator also forwards monthly reports outlining the status for the month regarding compliance. If the monthly percentage has not equaled or exceeded the previous month numbers, a corrective action plan is developed to ensure that we are working towards meeting the goal of 90% compliance. This corrective action plan may be done at any level within the organization.</p> <p>A major initiative emerged from the CCP process. This is "proactive supervision" that is modeled after a project in Hamilton County Ohio. The same person who provided assistance in getting that project operational is working with HHS to implement it in Nebraska. One significant factor involved in the proactive supervision is that the supervisors routinely review a consistent set of factors regarding cases and this may include this particular compliance issue particularly as it relates to the quality dimension of these visits. The proactive supervisor process in Nebraska includes the</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p>following activities:</p> <p><b>February 25-27, April 7-8, May 28-30, July 15-17 - 2003</b> CCP Team received several presentations on proactive supervision and material from the National Resource Center consultant, Carole Smith who worked with Hamilton Co, Ohio and continues to work with the NE supervisor</p> <p><b>March 2003</b> Supervisor workgroup members named by Protection and Safety Administrators; members asked to respond to survey tool describing in detail their tasks and time spent on each in order to get baseline of current supervisory duties in Nebraska.</p> <p><b>5/16/03</b> First supervisory workgroup meeting in Kearney all day; involved 8 supervisors representing all three service areas, and key Central Office staff from Program and Human Resources, and Michelle Graef/Megan Potter from UNL-CCFL; discussed supervisory role in intake process and time in current activities, re-prioritization of supervisors time.</p> <p><b>5/29/03</b> (at CCP meeting) Supervisor workgroup was formally requested to examine Carole Smith's proactive structured supervision model and make recommendations regarding possible implementation in Nebraska.</p> <p><b>6/23/03</b> All day Sarpy. Group meeting in Kearney. Time spent learning about the model, and included a conference call with Carole Smith for approximately 1 hour during the meeting. Continued discussion of current supervisory practice in Nebraska and challenges faced in implementing change.</p> <p><b>7/15, 16, 17-2003</b> (at CCP meeting) Discussions of model, additional presentation by Carole Smith, discussion of plan for implementation of model in Nebraska.</p> <p><b>7/18/03</b> Meeting of supervisor workgroup all day in Kearney. Worked with Carole Smith to learn more about proactive supervision. Carole created a genogram on a local Nebraska case. This was a major turning point in the project, and generated much excitement and enthusiasm among all team members.</p> <p><b>7/20 – 8/10, 2003</b> Determined that subgroup of NE supervisors workgroup should go to Hamilton County, Ohio to experience proactive supervision first-hand.</p> <p><b>8/12 &amp; 13, 2003</b> Four Nebraska supervisors traveled to Hamilton County, OH to learn more about proactive structured supervision from their supervisors, with on-site facilitation</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p>provided by Carole Smith.</p> <p><b>8/18 &amp; 19, 2003</b> Supervisor workgroup meeting in Kearney. The four workgroup members who traveled to Ohio brought back information and enthusiastically shared what they'd learned with the rest of the group. The team worked on adaptation of the Ohio forms they had brought back, and discussed how the process would work in Nebraska. Developed and presented recommendations for the implementation next steps and supports needed to the Protection and Safety Administrators Team, which was meeting in Kearney at the same time.</p> <p><b>9/3 &amp; 4, 2003</b> CCP meeting in Kearney. Continued work with Carole Smith on implementation of proactive supervision in Nebraska. Michelle Graef meeting in evening with Carole Smith and Mary Osborne to discuss issues in implementation.</p> <p><b>9/5/03</b> Supervisor workgroup meeting in Kearney. Follow-up from CCP meeting. Information from Todd Reckling and Michelle Eby co-leaders of the CCP Initiative regarding comprehensive assessment and integration of this with proactive supervision model. Continued work on forms for Nebraska and planning for presentation at Supervisors' statewide conference to be held in October.</p> <p><b>9/17 &amp; 18-2003</b> Carole Smith here for consultation in Kearney with supervisor workgroup all day on 18th. Michelle Graef/Megan Potter meeting with Carole in evening of 17<sup>th</sup> with some of the supervision workgroup members. Continued the group's learning about the model. Modification of some of the draft forms. Developed strategy and presentation for upcoming supervisor's conference. Discussed next steps in implementation.</p> <p><b>10/7 &amp; 8-2003</b> Statewide Supervisor's Conference in Omaha. Carole Smith and 5 supervisors from Hamilton County, Ohio traveled to Nebraska and did presentations to all NE supervisors about proactive supervision including demonstration of a genogram and clinical case review process. The eight supervisor members of the workgroup participated in panel discussions and small group breakout sessions to facilitate rest of the state's supervisor's introduction to the concepts of the model and to answer their questions.</p>



Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Establish baseline to monitor that workers have monthly contact at a minimum with every out of home care provider.	07/03		03/04 extension requested. QA staff are not yet on board to assist in developing a formal process.
		On a quarterly basis, conduct case reviews on a sample of cases to determine if workers are completing monthly contacts with the out of home care provider. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety.	07/03		03-04 extension date requested. QA staff are not yet on board to assist in developing a formal process
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	07/03 and ongoing	07/03	Corrective action plans have been put in place where compliance with increasing the monthly contact with youth has not occurred
Develop methods to monitor number of placements, placement change reasons, and placement disruptions of children.	Margaret Bitz	Develop N-FOCUS reports that measure and identify number of placement changes, placement change reasons and placement disruptions.	06/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Develop and implement standardized supervisor oversight process to monitor compliance with number of placements, placement change reasons, and placement disruptions of children. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	08/04		
		Establish baseline to monitor placement changes, placement change reasons, and placement disruptions.	08/04		
		Establish targeted improvements based on baseline	08/04		
		Conduct case reviews on a sample of cases involving targeted child populations [e.g. children under age 5] to determine whether changes in placement settings were necessary to achieve the child's permanency goal or to meet the child's service needs. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of subsequent reviews is based on QA protocols.	12/04		Request Date Extension to 12/04. We believe this date was entered in error, as the related benchmarks in this action step are due in 6/04 and 8/04.
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	03/04 and ongoing		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Expand the use of Integrated Care Coordination Unit [ICCU] across the state in collaboration with Nebraska Regional Mental Health agencies to expedite reunification and permanency and reduce the number of moves while in placement	Amy Richardson	Identify ICCU providers	06/03	06/03	All areas of the state have identified their provider for implementation of the ICCU with the exception of one <i>Mental Health</i> Region. Region II <i>Mental Health</i> has not made a decision to implement. The Director of HHS has had written and verbal communication with this Region to encourage them to implement. There is a secondary plan if the Regional Governing Board does not choose to enter into an agreement with HHS. The identification of a partner for the ICCU for this area should be accomplished by 6-04.
		Issue planning grants for expansion of ICCUs.	09/03	08/03	Three areas were given planning grants; the grants were requested from <i>Mental Health</i> Region I, Region IV and Region VI. Region III and F3 or Lancaster County did not need nor request funding for start-up or planning grants. Region V is in the process of Planning to request their funding. Again, exception of Region II as noted above in P1 16 A8 B1
		Finalize contracts with ICCU providers.	03/04		Finalize contracts with ICCU providers-1 <sup>st</sup> phase: HHS has contracts representing 75% of our state ward population areas. Including Region VI-Omaha, Region III and Region IV – central area of NE. Region I-Western part of state and Lincoln, Lancaster County.  Phase two – Will include Region II as discussed above and the remaining counties in southeastern Nebraska or Region V
Strengthen collaboration between HHS and the Court Improvement Project to reach mutual agreement on improvements and to monitor agreed upon improvement activities to enhance permanency for children.	Chris Hanus	HHS Central Office Administrator designated as member of CIP Governing Group	05/03	05/03	The previous Protection and Safety Administrator, Dawn Swanson, conducted meetings periodically with the Court Improvement Project. Ms. Swanson left the Department in July, 2003. Her replacement, Allen Jensen, was hired at the end of October 2003 and began in November 2003. Mr. Jensen will become a member of the CIP Governing Group or appoint a designee.

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Quarterly meetings of key HHS P&S team members and Court Improvement Project Administrator are held and documented.	05/03 and ongoing	05/03	The previous Protection and Safety Administrator, Dawn Swanson, attended meetings with the Court Improvement Project. Ms. Swanson left the Department in July, 2003. Her replacement, Allen Jensen, was hired at the end of October 2003 and began in November 2003. Mr. Jensen will attend these meetings or appoint a designee
Strengthen policy and practice regarding diligent efforts to locate and assess non-custodial parents and relatives as potential placement resources to increase placement stability.	Margaret Bitz	Analyze lessons learned from Court Improvement Project pilot (Douglas County model court project and, the Lancaster and Sarpy County Court/agency collaboration project) regarding early identification of non-custodial parents and relatives as placement resources.	10/03		<p>Extension requested to <i>03/04</i>. Meeting between Court Improvement Project (CIP) and the department is scheduled in 12/03 to analyze lessons the CIP has learned from the model court project in regards to identification of non-custodial parents and relatives as placement resources.</p> <p>In addition, the CCP has a strong interest and has identified this issue. Throughout their meetings, the CCP workgroup have specified that non-custodial parents need to identify as indicated above and then located and contacted, and involved. Then they are to have as much contact with a child in out-of-home care as is beneficial to the child's permanency objective and well-being as possible.</p> <p>The new Intake Tool and that was implemented in Omaha in July 2003 asks questions of the reporter regarding whether or not the non-custodial parent or other relative are known. If known, the reporter is asked to give as much identifying information as possible so the assessment worker can try to make contact with the person. The new emergency removal fact sheet that is in draft form asks the parent who has his / her child removed to identify the non-custodial parent and any other relatives that might be able to take the child for placement or become involved in the case and offer support to the family. Early identification of non-custodial parents and relatives will assist in placement stability and for visitation purposes.</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Policy developed in collaboration with the Court Improvement Project (CIP) and NRCs for Child Maltreatment and Family Centered Practice.	10/03		Request extension to 7/04 to incorporate lessons learned and allow for time to share and receive input from the CIP on the policies developed through the CCP. All aspects of CCP including intake, assessment, and case planning, and permanency planning have incorporated ways to not only identify, but to also involve non-custodial parents, and other relatives into the case. All work products and practices are designed around a family-centered practice model that requires that informal family supports and community supports and services be utilized as much as possible and in conjunction with more traditional and formal supports as necessary.
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	03/04		
		Train staff on written policy. Training to be conducted by managers and supervisors.	04/04		
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	04/04		
		Written policy disseminated through Administrative Memo.	04/04		
		Policy implemented statewide.	04/04		

<b>Action Steps</b>	<b>Lead Responsibility</b>	<b>Benchmarks</b>	<b>Date Projected</b>	<b>Date Actual</b>	<b>Progress Report</b>
Develop and implement methods for measuring timely identification and diligent efforts in locating and assessing non-custodial parents and relatives as placement resources to increase placement stability.	Margaret Bitz	Provide supervisors and managers with copies of N-FOCUS reports on a monthly basis that identify placements with relatives and non-custodial.	07/04 and ongoing		
		Conduct case reviews on a sample of cases to determine compliance on early identification and assessment of non-custodial parents and relatives. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of subsequent reviews is based on QA protocols.	07/04		
		Develop and implement standardized supervisor oversight process to monitor timely identification and diligent efforts in locating and assessing non-custodial parents and relatives as placement resources to increase placement stability. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan.	04/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Establish baseline to determine compliance with early identification and assessment of non-custodial parents and relatives.	09/04		
		Establish targeted improvements based on baseline.	09/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		
Conduct targeted foster parent/resource family recruitment campaign in collaboration with the Nebraska Foster and Adoptive Parent Association [NFAPA] to support stability of foster placements.	Chris Hanus	Using N-FOCUS, analyze characteristics of children and foster parents to identify gaps in matching child needs with foster parent resources.	06/04		<p>A recruitment and retention team of foster parents, resource development workers and other stakeholders have met on July 30-31, 2003 and October 15, 2003. A philosophical framework and a detail work plan were established.</p> <p>In 11/03 data has been extracted from N-FOCUS. Analysis of data to establish targets for recruitment will begin in 1/04.</p>
		Establish targets for recruitment	09/04		
		Design recruitment campaign in collaboration with the NRC on Child Maltreatment and Foster Care and Permanency Planning.	09/04		
		Initiate recruitment campaign for the targeted needs, including recruitment of families that reflect the child's racial, cultural and ethnic background.	10/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Conduct training for resource families and staff.		Develop training on resource families in collaboration with NFAPA and the NRC's NRC's for Child Maltreatment and Foster Care and Permanency Planning and HHS Training Division	10/04		
		Train resource families regarding policy including racial, cultural, and ethnic backgrounds.	12/04		
		Train staff on written policy. Training to be conducted by managers.	12/04		
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	12/04		
		Policy Implemented	12/04		
		Monitor progress quarterly to achieve recruitment goal.	01/05 and ongoing		

**Item 7. Permanency goal for child**

**Goal Negotiated Measure; % of Improvement:** By 7-1-05 Nebraska will increase the percentage of children with established permanency goals 54% to 89.9%.

**Baseline:** 54% established through N-FOCUS

**Method of Measuring Improvement:** N-FOCUS

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Strengthen policy and practice regarding timely establishment of permanency goals within 60 days of placement	Margaret Bitz	Analyze lessons learned from court improvement project pilot (Douglas County model court project, and the Lancaster and Sarpy County Court/agency collaboration project) regarding timely establishment of permanency goals within 60 days of placement.	10/03		<p>Extension requested to 03/04. Meeting between Court Improvement Project (CIP) and the department is scheduled in 12/03 to analyze lessons the CIP has learned from the model court project in regards regarding timely establishment of permanency goals within 60 days of placement</p> <p>In addition, the CCP has a strong interest and has identified this issue. Throughout their meetings, the CCP workgroup have specified that non-custodial parents need to identify as indicated above and then located and contacted, and involved. Then they are to have as much contact with a child in out-of-home care as is beneficial to the child's permanency objective and well-being as possible.</p> <p>The new Intake Tool and that was implemented in Omaha in July 2003 asks questions of the reporter regarding whether or not the non-custodial parent or other relative are known. If</p>



Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					known, the reporter is asked to give as much identifying information as possible so the assessment worker can try to make contact with the person. The new emergency removal fact sheet that is in draft form asks the parent who has his / her child removed to identify the non-custodial parent and any other relatives that might be able to take the child for placement or become involved in the case and offer support to the family. Early identification of non-custodial parents and relatives will assist in placement stability and establishment of timely permanency goals within 60 days.
		Policy developed in collaboration with the NRC's for Family Centered Practice and Foster Care and Permanency Planning.	10/03		<p>Request extension to 7/04 to incorporate lessons learned and allow for time to share and receive input from the CIP on the policies developed through the CCP. All work products and practices are designed around a family-centered practice model that requires that informal family supports and community supports and services be utilized as much as possible and in conjunction with more traditional and formal supports as necessary.</p> <p>In addition, the CCP team decided that it would be a helpful direction to have a comprehensive assessment that Protection and Safety would use to assess and then reassess throughout the life of the case. This type of assessment would incorporate those areas that were formerly known as safety evaluation and plan, risk evaluation, initial assessment and family assessment. In moving toward this direction the small group is defining the following terms and how the work should proceed for risk, safety, intake priorities, safety assessment (present and ongoing), initial assessment, family assessment, case planning, reassessments, and out-of-home assessments. This assessment is key to establishing permanency plans, re-assessments of the permanency plans and will also aid in defining more clearly what content should be in reports to the courts.</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	05/04		
		Train staff on written policy. Training to be conducted by managers and supervisors.	07/04		
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	07/04		
		Written policy disseminated through Administrative Memo.	07/04		
		Policy implemented statewide.	07/04		
Develop and implement methods for measuring compliance with policy on timely establishment of permanency goals	Margaret Bitz	Provide supervisors and managers with N-FOCUS reports on a monthly basis	07/02	07/02 and on-going	N-FOCUS report that indicates if a permanency goal was established during the first 60 days of entry into our system is disseminated monthly to Protection and Safety Administrators and Supervisors.
		Develop and implement standardized supervisor oversight process to monitor compliance with initiating timely establishment of permanency goals. Process will include time frames for supervisor's	07/04		
		Establish baseline regarding the timely establishment of permanency goals.	09/04		
		Establish targeted improvements based on baseline.	09/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		
Strengthen policy and practice regarding timely re-assessments of permanency goals.	Margaret Bitz	Analyze lessons learned from court improvement project pilot (Douglas County model court project, and the Lancaster and Sarpy County Court/agency collaboration project) regarding court reports at permanency hearings.	10/03		Extension Requested to 3/04. Meeting between Court Improvement Project (CIP) staff the Department is scheduled in 12/03 to analyze the lessons the CIP has learned from the model court project in regards to establishment of permanency goals, re-assessment of goals, and the content of court reports.
		Policy developed in collaboration with the NRC's for Family Centered Practice and Foster Care and Permanency Planning.	10/03		<p>Request extension to 7/04 to incorporate lessons learned and allow for time to share and receive input from the CIP on the policies developed through the CCP. All work products and practices are designed around a family-centered practice model that requires that informal family supports and community supports and services be utilized as much as possible and in conjunction with more traditional and formal supports as necessary.</p> <p>In addition, the CCP team decided that it would be a helpful direction to have a comprehensive assessment that Protection and Safety would use to assess and then reassess throughout the life of the case. This type of assessment would incorporate those areas that were formerly known as safety evaluation and plan, risk evaluation, initial assessment and family assessment. In moving toward this direction the small group is defining the following terms and how the work should proceed for risk, safety, intake priorities, safety assessment (present and ongoing), initial assessment, family assessment, case planning, reassessments, and out-of-home assessments. This assessment is key to establishing permanency plans, re-assessments of the permanency plans and will also aid in defining more clearly what content should be in reports to the courts.</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	05/04		
		Train staff on written policy. Training to be conducted by managers and supervisors.	07/04		
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	07/04		
		Written policy disseminated through Administrative Memo.	07/04		
		Policy implemented statewide.	07/04		
Develop and implement methods of measurement to monitor the timely re-assessments of permanency goals	Margaret Bitz	Develop an N-FOCUS report that monitors that each child has a current permanency goal and that timely reassessment occurs.	12/03		
		Provide supervisors and managers with reports on a monthly basis	01/04		
		Develop and implement standardized supervisor oversight process to monitor timely reassessments of permanency goals. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	04/04		
		Establish baseline regarding the timely establishment of permanency goals.	03/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Establish targeted improvements based on baseline.	06/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	06/04 and ongoing		
Develop policy and practice regarding concurrent planning including protocol for staff consultation early within cases to determine adoptive home needs.	Margaret Bitz	Policy developed in collaboration with the NRC's for Foster Care and Permanency Planning and Family Centered Practice.	05/03	05/03	Policy for Concurrent Planning has been developed and this material was included in Guidebook changes distributed to the field in 5/03. The NRC for Family Centered Practice reviewed that material and gave the opinion that it is in keeping with best practice.
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	12/03	5/02	Training has been developed in collaboration with CCFL and the Department's training unit.
		Train staff on written policy. Training to be conducted by managers and supervisors.	03/04	5/02 through 8/02	Training has been provided by the HHS Training Unit to Protection and Safety Supervisors and Workers in several sites across the state on the draft policy which was available in 2002.. Six training sessions occurred between the months of May through August, 2002.
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	03/04	8/02	Sign-in sheets are maintained with training attendance records at the University of Nebraska Center for Children Families and the Law.
		Written policy disseminated through Administrative Memo.	04/04		

<b>Action Steps</b>	<b>Lead Responsibility</b>	<b>Benchmarks</b>	<b>Date Projected</b>	<b>Date Actual</b>	<b>Progress Report</b>
		Policy implemented statewide	04/04		
Develop and implement methods for measuring compliance with policy on concurrent planning	Margaret Bitz	Develop N-FOCUS report that monitors children with concurrent plans.	03/04		
		Develop and implement standardized supervisor oversight process to monitor compliance with policy on concurrent planning. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	04/04		
		Conduct case reviews on a sample of cases to determine compliance on concurrent planning based on case reviews. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of subsequent reviews is based on QA protocols.	07/04		
		Establish baseline to determine compliance with concurrent planning.	09/04		
		Establish targeted improvements based on baseline.	09/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		
Strengthen policy and practice regarding termination of parental rights including appropriateness, timeliness and compelling reasons not to file.	Margaret Bitz	Policy developed in collaboration with the NRC's for Foster Care and Permanency Planning and Family Centered Practice.	10/03	10/03	Policy has been developed that strengthens current policy regarding termination of parental rights including appropriateness, timeliness and compelling reasons not to file. The NRC for Family Centered Practice reviewed that material and gave the opinion that it is in keeping with best practice.
		Training developed in collaboration with HHS Training, HHS Legal Staff, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	12/03		
		Train staff on written policy. Training to be conducted by managers and supervisors.	03/04		
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	03/04		
		Written policy disseminated through Administrative Memo.	04/04		
		Policy implemented statewide.	04/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Develop and implement methods of monitoring compliance with policy regarding termination of parental rights including appropriateness, timeliness and compelling reasons not to file	Margaret Bitz	Conduct case reviews on a sample of cases in which children have been in out of home care 15 of 22 months to determine compliance with policy regarding termination of parental rights. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of reviews is based on QA protocols.	07/04		
		Establish baseline based on case read to determine compliance with policy regarding termination of parental rights.	09/04		
		Establish targeted improvements based on baseline	09/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol.	09/04 and ongoing		
Develop local action protocols between HHS and local County Attorney Offices to expedite permanency.	Margaret Bitz	In collaboration with the Court Improvement Project, analyze experience of the Lancaster County Pilot Project to establish permanency for children reaching 15 of 22 months in out of home care.	10/03		Request Extension to 2/04. Meeting between Court Improvement Project staff and the Department is scheduled for 12/03 to evaluate experience to this point through the Lancaster Pilot Project.
		Lancaster County will have protocol established	12/03		Request Extension to 2/04 to develop a protocol that incorporate the lessons learned through the Lancaster Pilot Project
		An additional 31 counties will have protocols established	06/04		



Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		An additional 31 counties will have protocols established	12/04		
		All 93 Nebraska counties have protocols established	06/05		
Develop and implement methods for measuring compliance with policy regarding case plans	Margaret Bitz	Provide supervisors and managers with reports on a monthly basis	07/02	07/02 and ongoing	N-FOCUS produces 3 reports that are disseminated monthly to Protection and Safety Administrators, Supervisors and workers. The first report indicates at the office and individual worker level the names of children who have not had a case plan established within 60 days of custody. Based on this report, another report is generated that is categorized by service areas that track trends of compliance/non-compliance with policy. The third report indicates the percentage of children who do not have a case plan.
		Develop and implement standardized supervisor oversight process to monitor compliance with case plans. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	08/03	8/02	<p>Each month the Deputy Administrator forwards these reports to Administrators, Supervisors and to monitor data on compliance.</p> <p>A major initiative emerged from the CCP process. This is "proactive supervision" that is modeled after a project in Hamilton County Ohio. The same person who provided assistance in getting that project operational is working with HHS to implement it in Nebraska. One significant factor involved in the proactive supervision is that the supervisors routinely review a consistent set of factors regarding cases and this may include this particular compliance issue particularly the quality dimension. The proactive supervisor process in Nebraska includes the following activities:</p> <p><b>February 25-27, April 7-8, May 28-30, July 15-17, 2003</b></p> <p>CCP Team received several presentations on proactive supervision and material from the National Resource Center consultant, Carole Smith who worked with Hamilton Co, Ohio and continues to work with the NE supervisors</p> <p><b>March 2003</b> Supervisor workgroup members named by Protection and Safety Administrators; members asked to respond to survey tool describing in detail their tasks and time spent on each in order to get baseline of current supervisory duties in Nebraska.</p> <p><b>5/16/03</b> First supervisory workgroup meeting in Kearney all day; involved 8 supervisors representing all three service areas,</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p>and key Central Office staff from Program and Human Resources, and Michelle Graef/Megan Potter from UNL-CCFL; discussed supervisory role in intake process and time in current activities, re-prioritization of supervisors time.</p> <p><b>5/29/03</b> (at CCP meeting) Supervisor workgroup was formally requested to examine Carole Smith's proactive structured supervision model and make recommendations regarding possible implementation in Nebraska.</p> <p><b>6/23/03</b> All day Sarpy. Group meeting in Kearney. Time spent learning about the model, and included a conference call with Carole Smith for approximately 1 hour during the meeting. Continued discussion of current supervisory practice in Nebraska and challenges faced in implementing change.</p> <p><b>7/15, 16, 17-2003</b> (at CCP meeting) Discussions of model, additional presentation by Carole Smith, discussion of plan for implementation of model in Nebraska.</p> <p><b>7/18/03</b> Meeting of supervisor workgroup all day in Kearney. Worked with Carole Smith to learn more about proactive supervision. Carole created a genogram on a local Nebraska case. This was a major turning point in the project, and generated much excitement and enthusiasm among all team members.</p> <p><b>7/20 – 8/10, 2003</b> Determined that subgroup of NE supervisors workgroup should go to Hamilton County, Ohio to experience proactive supervision first-hand.</p> <p><b>8/12 &amp; 13, 2003</b> Four Nebraska supervisors traveled to Hamilton County, OH to learn more about proactive structured supervision from their supervisors, with on-site facilitation provided by Carole Smith.</p> <p><b>8/18 &amp; 19, 2003</b> Supervisor workgroup meeting in Kearney. The four workgroup members who traveled to Ohio brought back information and enthusiastically shared what they'd learned with the rest of the group. The team worked on adaptation of the Ohio forms they had brought back, and discussed how the process would work in Nebraska. Developed and presented recommendations for the implementation next steps and supports needed to the Protection and Safety Administrators Team, which was meeting in Kearney at the same time.</p> <p><b>9/3 &amp; 4, 2003</b> CCP meeting in Kearney. Continued work with Carole Smith on implementation of proactive supervision in</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p>Nebraska. Michelle Graef meeting in evening with Carole Smith and Mary Osborne to discuss issues in implementation.</p> <p><b>9/5</b> Supervisor workgroup meeting in Kearney. Follow-up from CCP meeting. Information from Todd Reckling and Michelle Eby co-leaders of the CCP Initiative regarding comprehensive assessment and integration of this with proactive supervision model. Continued work on forms for Nebraska and planning for presentation at Supervisors' statewide conference to be held in October.</p> <p><b>9/17 &amp; 18, 2003</b> Carole Smith here for consultation in Kearney with supervisor workgroup all day on 18th. Michelle Graef/Megan Potter meeting with Carole in evening of 17<sup>th</sup> with some of the supervision workgroup members. Continued the group's learning about the model. Modification of some of the draft forms. Developed strategy and presentation for upcoming supervisor's conference. Discussed next steps in implementation.</p> <p><b>10/7 &amp; 8, 2003</b> Statewide Supervisor's Conference in Omaha. Carole Smith and 5 supervisors from Hamilton County, Ohio traveled to Nebraska and did presentations to all NE supervisors about proactive supervision including demonstration of a genogram and clinical case review process. The eight supervisor members of the workgroup participated in panel discussions and small group breakout sessions to facilitate rest of the state's supervisor's introduction to the concepts of the model and to answer their questions.</p>
		Establish baseline regarding the timely establishment of permanency goals	07/03	06/02	A baseline was established in 6/02. This baseline was 54%
		Establish targeted improvements based on baseline.	08/03	06/02	Targeted improvement was established to reach 100% by 1/1/03. As of 9/1/03, compliance was at 88%.
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	08/03 and ongoing	08/02	If the monthly percentage has not equaled or exceeded the previous month numbers, a correction action plan is developed to ensure that we are working towards meeting the goal of 90% compliance. This corrective action plan can be completed at any level within the organization.

<b>Action Steps</b>	<b>Lead Responsibility</b>	<b>Benchmarks</b>	<b>Date Projected</b>	<b>Date Actual</b>	<b>Progress Report</b>
Strengthen policy and practice regarding appropriate use of guardianship as a permanency goal	Margaret Bitz	Policy developed in collaboration with the NRC's on Foster Care and Permanency Planning and Family Centered Practice.	10/03		The policy for appropriate use of guardianship as a permanency goal has been developed and still needs management approval, which we plan to receive in 12/03.
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	12/03		
		Train staff on written policy by the National Child Welfare Resource Centers including Legal and Judicial and Foster Care and Permanency Planning.	03/04		
		Written policy disseminated through Administrative Memo.	04/04		
		Policy implemented statewide.	04/04		
Develop and implement methods for measuring compliance regarding guardianship policy	Margaret Bitz	Develop N-FOCUS report that lists children with guardianship as a permanency goal.	03/04		
		Establish baseline to determine compliance with using guardianship as a permanency goal.	09/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Conduct case reviews on a sample of all foster care cases to determine compliance on using guardianship as a permanency goal. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of reviews is based on QA protocols.	12/04		
		Develop and implement standardized supervisor oversight process to monitor compliance with guardianship policy. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	04/04		
		Establish targeted improvements based on baseline.	09/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		

#### Item 8. Reunification, Guardianship or Permanent Placement with Relatives

**Goal Negotiated Measure; % of Improvement:** By 7-1-05 Nebraska will increase the percent of reunification occurring within 12 months of entry into foster care 39.9% to 42.4%.

**Baseline:** 39.9% established through N-FOCUS

**Method of Measuring Improvement:** N-FOCUS

**Goal Negotiated Measure: % of Improvement:** By 7-1-05 Nebraska will increase diligent efforts to attain the goals of reunification and guardianship and permanent placement with relatives from 57% of applicable cases to 65%

Baseline: 57% established during CFSR

**Method of Measuring Improvement:** Nebraska CFSR process

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Strengthen policy and practice regarding timely establishment of permanency goals within 60 days of placement	Margaret Bitz	Analyze lessons learned from court improvement project pilot (Douglas County model court project, and the Lancaster and Sarpy County Court/agency collaboration project) regarding establishment of permanency goals	10/03		Extension Requested to 3/04. Meeting between Court Improvement Project (CIP) staff the Department is scheduled in 12/03 to analyze the lessons the CIP has learned from the model court project in regards to establishment of permanency goals, re-assessment of goals, and the content of court reports.
		Policy developed in collaboration with the NRC's for Family Centered Practice and Foster Care and Permanency Planning.	10/03		<p>Request extension to 7/04 to incorporate lessons learned and allow for time to share and receive input from the CIP on the policies developed through the CCP. All work products and practices are designed around a family-centered practice model that requires that informal family supports and community supports and services be utilized as much as possible and in conjunction with more traditional and formal supports as necessary.</p> <p>In addition, the CCP team decided that it would be a helpful direction to have a comprehensive assessment that Protection and Safety would use to assess and then reassess throughout the life of the case. This type of assessment would incorporate those areas that were formerly known as safety evaluation and plan, risk evaluation, initial assessment and family assessment. In moving toward this direction the small group is defining the following terms and how the work should proceed for risk, safety, intake priorities, safety assessment (present and ongoing), initial assessment, family assessment, case planning, reassessments, and out-of-home assessments. This assessment is key to establishing permanency plans, re-assessments of the permanency plans and will also aid in defining more clearly what content should be in reports to the courts.</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	03/04		
		Train staff on written policy. Training to be conducted by managers and supervisors.	04/04		
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	04/04		
		Written policy disseminated through Administrative Memo.	04/04		
		Policy implemented statewide.	04/04		
Develop and implement methods for measuring compliance with policy regarding the timely establishment of permanency goals	Margaret Bitz	Provide supervisors and managers with N-FOCUS reports on a monthly basis	07/02	07/02 and ongoing	N-FOCUS produces 3 reports that are disseminated monthly to Protection and Safety Administrators, Supervisors and workers. The first report indicates at the office and individual worker level the names of children who have not had a case plan established within 60 days of custody. Case plans include the permanency goals for each child. Based on this report, another report is generated that is categorized by service areas that track trends of compliance/non-compliance with policy. The third report indicates the percentage of children who do not have a case plan.
		Develop and implement standardized supervisor oversight process to monitor compliance with policy regarding the timely establishment of permanency goals. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	04/04	8/02	Each month the Deputy Administrator forwards these reports to Administrators, Supervisors and to monitor data on compliance.  A major initiative emerged from the CCP process. This is "proactive supervision" that is modeled after a project in Hamilton County Ohio. The same person who provided assistance in getting that project operational is working with HHS to implement it in Nebraska. One significant factor involved in the proactive supervision is that the supervisors

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p>routinely review a consistent set of factors regarding cases and this may include this particular compliance issue. The proactive supervisor process in Nebraska includes the following activities:</p> <p><b>February 25-27, April 7-8, May 28-30, July 15-17, 2003</b> CCP Team received several presentations on proactive supervision and material from the National Resource Center consultant, Carole Smith who worked with Hamilton Co, Ohio and continues to work with the NE supervisors</p> <p><b>March 2003</b> Supervisor workgroup members named by Protection and Safety Administrators; members asked to respond to survey tool describing in detail their tasks and time spent on each in order to get baseline of current supervisory duties in Nebraska.</p> <p><b>5/16/03</b> First supervisory workgroup meeting in Kearney all day; involved 8 supervisors representing all three service areas, and key Central Office staff from Program and Human Resources, and Michelle Graef/Megan Potter from UNL-CCFL; discussed supervisory role in intake process and time in current activities, re-prioritization of supervisors time.</p> <p><b>5/29/03</b> (at CCP meeting) Supervisor workgroup was formally requested to examine Carole Smith's proactive structured supervision model and make recommendations regarding possible implementation in Nebraska.</p> <p><b>6/23/03</b> All day Sarpy. Group meeting in Kearney. Time spent learning about the model, and included a conference call with Carole Smith for approximately 1 hour during the meeting. Continued discussion of current supervisory practice in Nebraska and challenges faced in implementing change.</p> <p><b>7/15, 16, 17-2003</b> (at CCP meeting) Discussions of model, additional presentation by Carole Smith, discussion of plan for implementation of model in Nebraska.</p> <p><b>7/18/03</b> Meeting of supervisor workgroup all day in Kearney. Worked with Carole Smith to learn more about proactive supervision. Carole created a genogram on a local Nebraska case. This was a major turning point in the project, and generated much excitement and enthusiasm among all team members.</p> <p><b>7/20 – 8/10, 2003</b> Determined that subgroup of NE supervisors workgroup should go to Hamilton County, Ohio to experience proactive supervision first-hand.</p>



Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p><b>8/12 &amp; 13, 2003</b> Four Nebraska supervisors traveled to Hamilton County, OH to learn more about proactive structured supervision from their supervisors, with on-site facilitation provided by Carole Smith.</p> <p><b>8/18 &amp; 19, 2003</b> Supervisor workgroup meeting in Kearney. The four workgroup members who traveled to Ohio brought back information and enthusiastically shared what they'd learned with the rest of the group. The team worked on adaptation of the Ohio forms they had brought back, and discussed how the process would work in Nebraska. Developed and presented recommendations for the implementation next steps and supports needed to the Protection and Safety Administrators Team, which was meeting in Kearney at the same time.</p> <p><b>9/3 &amp; 4, 2003</b> CCP meeting in Kearney. Continued work with Carole Smith on implementation of proactive supervision in Nebraska. Michelle Graef meeting in evening with Carole Smith and Mary Osborne to discuss issues in implementation.</p> <p><b>9/5/03</b> Supervisor workgroup meeting in Kearney. Follow-up from CCP meeting. Information from Todd Reckling and Michelle Eby co-leaders of the CCP Initiative regarding comprehensive assessment and integration of this with proactive supervision model. Continued work on forms for Nebraska and planning for presentation at Supervisors' statewide conference to be held in October.</p> <p><b>9/17 &amp; 18, 2003</b> Carole Smith here for consultation in Kearney with supervisor workgroup all day on 18th. Michelle Graef/Megan Potter meeting with Carole in evening of 17<sup>th</sup> with some of the supervision workgroup members. Continued the group's learning about the model. Modification of some of the draft forms. Developed strategy and presentation for upcoming supervisor's conference. Discussed next steps in implementation.</p> <p><b>10/7 &amp; 8, 2003</b> Statewide Supervisor's Conference in Omaha. Carole Smith and 5 supervisors from Hamilton County, Ohio traveled to Nebraska and did presentations to all NE supervisors about proactive supervision including demonstration of a genogram and clinical case review process. The eight supervisor members of the workgroup participated in panel discussions and small group breakout sessions to facilitate rest of the state's supervisor's introduction to the</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					concepts of the model and to answer their questions.
		Establish baseline regarding the timely establishment of permanency goals.	07/03	06/02	A baseline was established in 6/02. This baseline is 54%
		Establish targeted improvements based on baseline.	07/03	06/02	Targeted improvement was established to reach 100% by 1/1/03. As of 9/1/03, compliance was at 88%.
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	07/03 and ongoing	08/02	If the monthly percentage has not equaled or exceeded the previous month numbers, a correction action plan is developed to ensure that we are working towards meeting the goal of 90% compliance. This corrective action plan can be completed at any level within the organization.
Strengthen policy and practice on content to be included in the court report at permanency hearings	Margaret Bitz	Analyze lessons learned from court improvement project pilot (Douglas County model court project, and the Lancaster and Sarpy County Court/agency collaboration project) regarding content of court reports at permanency hearings.	12/03		<p>Extension Requested to 3/04. Meeting between Court Improvement Project (CIP) staff the Department is scheduled in 12/03 to analyze the lessons the CIP has learned from the model court project in regards to establishment of permanency goals, re-assessment of goals, and the content of court reports</p> <p>The Department met with Juvenile Judge Porter (Lancaster County Juvenile Court) on November 17, 2003 and discussed the case plan and the court report. Both the format and especially the content of the court report was discussed. Department staff also has a meeting with CIP in 12/03.</p> <p>Also, NE had its Title IVE review in September, 2003, and conducted a pre-review of cases prior to that month. Even though that process was aimed at court orders, it also served as a source of information about court reports. That information will be used in tandem with lessons learned from the Court Improvement Project activities</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Policy developed in collaboration with the NRC's for Family Centered Practice and Foster Care and Permanency Planning.	10/03		<p>Request extension to 7/04 to incorporate lessons learned through meetings with Judge Porter, the IV-E audit and to allow for time to share and receive input from the CIP on the policies developed through the CCP. All work products and practices are designed around a family-centered practice model that requires that informal family supports and community supports and services be utilized as much as possible and in conjunction with more traditional and formal supports as necessary.</p> <p>In addition, the CCP team decided that it would be a helpful direction to have a comprehensive assessment that Protection and Safety would use to assess and then reassess throughout the life of the case. This type of assessment would incorporate those areas that were formerly known as safety evaluation and plan, risk evaluation, initial assessment and family assessment. In moving toward this direction the small group is defining the following terms and how the work should proceed for risk, safety, intake priorities, safety assessment (present and ongoing), initial assessment, family assessment, case planning, reassessments, and out-of-home assessments. This assessment is key to establishing permanency plans, re-assessments of the permanency plans and will also aid in defining more clearly what content should be in reports to the courts.</p>
		Written policy disseminated through Administrative Memo.	03/04		
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	05/04		
		Train staff on written policy. Training to be conducted by managers and supervisors.	05/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	05/04		
		Policy implemented statewide.	05/04		
Develop and implement methods for measuring compliance with policy required in court reports at permanency hearings	Margaret Bitz	Develop and implement standardized supervisor oversight process to monitor compliance with court report policies. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan.	07/04		
		Conduct case reviews on a sample of cases to determine compliance on court report policies at permanency hearings. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	07/04		
		Establish baseline to determine that cases are in compliance.	09/04		
		Establish targeted improvements based on baseline.	09/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Strengthen policy and practice on early identification and assessment of non-custodial parents and relatives as permanency resources and supports	Todd Reckling	Analyze lessons learned from court improvement project pilot (Douglas County model court project, and the Lancaster and Sarpy County Court/agency collaboration project) regarding early identification of non-custodial parents and relatives as placement resources.	10/03		<p>Extension Requested to 3/04. Meeting between Court Improvement Project staff and HHS staff scheduled in 12/03 to analyze the lessons the CIP has learned from the model court project in regards to identification of non-custodial parents and relatives as placement resources.</p> <p>In addition, the CCP identified a new Intake Tool that was implemented in the Omaha area in July 2003 asks questions of the reporter regarding whether or not the non-custodial parent, or other relatives are known. If known, the reporter is asked to give as much identifying information about the non-custodial parent or relative as possible so the assessment worker can try and make contact with the person. The new emergency removal fact sheet that is in draft form asks the parent who has his/her child removed to identify the non-custodial parent and any other relatives that might be able to take the child for placement or become involved in the case and offer support to the family. Early identification of non-custodial parents and relatives will assist in placement stability so children do not have to be placed in various foster homes or other out-of-home settings when a non-custodial parent or relative may be available to provide care.</p>
		Policy developed in collaboration with the Court Improvement Project (CIP) and NRC's for Child Maltreatment and Family Centered Practice.	10/03		Request extension to 7/04 to incorporate lessons learned and allow for time to share and receive input from the CIP on the policies developed through the CCP. All aspects of CCP including intake, assessment, and case planning, and permanency planning have incorporated ways to not only identify, but to also involve non-custodial parents, and other relatives into the case. All work products and practices are designed around a family-centered practice model that requires that informal family supports and community supports and services be utilized as much as possible and in conjunction with more traditional and formal supports as necessary.
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	03/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Train staff on written policy. Training to be conducted by managers and supervisors.	04/04		
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	04/04		
		Written policy disseminated through Administrative Memo.	04/04		
		Policy implemented statewide.	04/04		
Develop and implement methods for measuring increased placements with non custodial parents and relatives	Todd Reckling	Provide supervisors and managers with copies of N-FOCUS reports on a monthly basis that identify placements with relatives and non-custodial parents.	07/02 and ongoing		<i>Extension requested 07/04. The Derived Placement Report as of 12-05-2003 showed that out of 6574 total wards, a total of 1225 were with a parent/caretaker following a previous placement, 559 had never been removed from the home, 709 were in relative foster care, and 42 were in relative foster care (licensed). There is no specific breakdown in this report yet for placements with non-custodial parents.</i>
		Conduct case reviews on a sample of cases to determine compliance on early identification and assessment of non-custodial parents and relatives. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	07/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Develop and implement standardized supervisor oversight process to monitor compliance with increased placements with non-custodial parents and relative. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	04/04		
		Establish baseline to determine compliance with early identification and assessment of non-custodial parents and relatives.	09/04		
		Establish targeted improvements based on baseline.	09/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		
Develop local action protocols between HHS and local County Attorney Offices to expedite permanency.	Margaret Bitz	In collaboration with the Court Improvement Project, analyze experience of the Lancaster County Pilot Project to establish permanency for children reaching 15 of 22 months in out of home care.	10/03		Request extension to 2/04. A meeting is scheduled between the Department and CIP to analyze the experience of the Lancaster County Pilot Project to establish permanency for children reaching 15 of 22 months in out of home care
		Lancaster County will have protocol established	12/03		Request extension to 2/04 to establish a protocol that incorporates lessons learned through the pilot project.
		An additional 31 counties will have protocols established	06/04		

<b>Action Steps</b>	<b>Lead Responsibility</b>	<b>Benchmarks</b>	<b>Date Projected</b>	<b>Date Actual</b>	<b>Progress Report</b>
		An additional 31 counties will have protocols established	12/04		
		All 93 Nebraska counties have protocols established	06/05		
Develop policy and practice to implement legislative changes to allow waiver of training requirement for licensure of relatives on an individual case basis	Margaret Bitz	Policy developed by HHSS.	06/03	06/03	Policy was signed by the Governor and became effective in 10/03.
		Train staff on written policy. Training to be conducted by managers and supervisors.	08/03		Extension request to 1/04 to ensure supervisors and managers are fully prepared to train staff. N-FOCUS changes to document the exception and its appropriateness in each situation are ready for release to staff. The memo to staff explaining utilization of the N-FOCUS function, and training of managers and supervisors will occur in 12/03.
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	08/03		Request extension to 1/04 to assure that supervisors and managers are fully prepared to train staff.
		Written policy disseminated through Administrative Memo	09/03		Request extension to 1/04. Information to staff re: implementation must be timed to coincide with training.
		Policy implemented statewide.	09/03		Request extension to 1/04. Training must occur prior to implementation.



Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Expand the use of Integrated Care Coordination Unit across the state to expedite reunification and permanency	Amy Richardson	Identify ICCU providers	06/03	06/03	All areas of the state have identified their provider for implementation of the ICCU with the exception of one <i>Mental Health</i> Region. Region II <i>Mental Health</i> has not made a decision to implement. The Director of HHS has had written and verbal communication with this Region to encourage them to implement. There is a secondary plan if the Regional Governing Board does not choose to enter into an agreement with HHS. The identification of provider or partner in the ICCU for this area should be accomplished by 6-04.
		Issue planning grants for expansion of ICCUs.	09/03	08/03	Three areas were given planning grants; the grants were requested from <i>Mental Health</i> Region I, Region IV and Region VI. Region III and F3 or Lancaster County did not need nor request funding for start-up or planning grants. Region V is in the process of Planning to request their funding. * Again, exception of Region II as noted above in P1 16 A8 B1
		Finalize contracts with ICCU providers.	03/04		Finalize contracts with ICCU providers-1 <sup>st</sup> phase: HHS has contracts representing 75% of our state ward population areas. Including Region VI-Omaha, Region III and Region IV – central area of NE. Region I-Western part of state and Lincoln, Lancaster County.  Phase two – Will include Region II as discussed above and the remaining counties in southeastern Nebraska or Region V

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Increase use of Family Group Conferencing to locate family members and maintain connections	Todd Reckling	Identify current utilization of family group conferencing through review of current contracts and numbers of families served.	12/03		<p>Extension Requested to 1/04. The Department has contracts with private agencies to provide traditional family group conferencing, as well as expedited family group conferencing, facilitation and mediation. These contracts are currently being examined along with producing numbers to identify families served. Request a change in the wording of the benchmark, eliminating the reference to number of families meeting the criteria for use of family group conferencing.</p> <p>Representatives from a Family Group Conferencing Center spoke at the Supervisor's Conference in Omaha on October 09, 2003 and explained FGC's, expedited FGC's, mediation, and facilitation that the Family Group Conferencing Centers are able to provide across the state as per their contracts with HHS. The purpose was to increase awareness and utilization of these services to locate and maintain familial connections between children and their families, neighbors, and communities.</p>
		Identify targeted increase of family group conferencing to assist in locating family members or natural supports of family for placement opportunities based on current utilization.	03/04		
		Communicate to staff the availability and the expectation of meeting the targeted increase.	03/04		
		Develop and implement standardized supervisor oversight process to monitor compliance with increased use of Family Group Conferencing to assist in locating family members and maintain connections. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	03/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Contract with family organizations to provide mentoring and supports to biological families in 8 areas of the state	Todd Reckling	Issue request for qualifications/proposals	07/03	04/03	A "Request for Qualifications" for Family Mentoring Programs was posted on the HHS website and published in the local papers on April 15, 2003.
		Review proposals	08/03	06/03	Proposals were reviewed and scored by a review committee on June 12, 2003.
		Award contracts	08/03	06/03	Contracts were awarded to one family mentoring program in each of the six service areas on June 16, 2003.
		Monitor contract performance - plans, goals and objectives	08/03 and ongoing	08/03	Contracts are being monitored by a Central Office program Specialist through monthly conference calls with providers, quarterly face-face meetings and planned site visits. Site visits are slated to begin in January 2004. The programs had their first meeting together with Central Office staff on July 08, 2003 and October 03, 2003. Conference calls were held on August 07, September 04 and November 13, 2003.
Distribute the Court Improvement Project "Guide for Parents and Foster Parents: Walking Your Way Through the Nebraska Juvenile Court Child Protection Process"	Margaret Bitz	Review draft of Court Improvement Project "Guide for Parents and Foster Parents: Walking Your Way Through the Nebraska Juvenile Court Child Protection Process."	04/02	04/02	HHSS reviewed the Court Improvement Project "Guide for Parents and Foster Parents: Walking Your Way Through the Nebraska Juvenile Court Child Protection Process" prior to it's distribution in April 2002.
		Secure copies	11/03	04/02	Copies were secured.
		Distribute copies of handbook to staff.	12/03	04/02	In 04/02 CCFL began distributing this booklet. HHS offices are aware of its existence, and many are distributing it to parents and foster parents. CCFL has since updated the booklet to include ICWA and has published and is distributing a Spanish version of the booklet. In addition, CCFL has developed a separate booklet aimed specifically at foster parents. This booklet should be back from the printer early in 2004. In order to assure that field staff are aware of the booklets and how to obtain them, copies will be distributed again to the Protection and Safety Administrators in <i>February 2004</i> .

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Develop a handbook for families of children involved with Protection and Safety to assure that families understand the system and their rights and responsibilities and supports available to them.	Todd Reckling	Contract with the Federation of Families to develop a handbook for families and children involved with Protection and Safety.	09/02	09/02	Contract was signed by Ron Ross and The Federation of Families on September 13, 2002
		Determine protocol for distribution of the handbook in collaboration with the Federation of Families.	09/03		Requested Extension 02/04. The handbook has been sent back to the Federation on several occasions for corrections and revisions. This project is not yet completed. The handbooks will be distributed in February 2004 by HHS staff and the 6 Families Mentoring Families Agencies to families that the Family Agencies are involved with and by HHS caseworkers to families who have contact with the HHS system.
		Cover letter and handbook distributed to HHS staff and to families.	09/03		Requested Extension 02/04

#### Item 9. Adoption

**Goal Negotiated Measure; % of Improvement:** By 7-1-05, Nebraska will increase the percent of finalized adoptions that occur within 24 months of removal from their home from 8.2% to 11.1%.

**Baseline:** 8.2% established through N-FOCUS

**Method of Measuring Improvement:** N-FOCUS

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Strengthen policy and practice on early identification and assessment of non-custodial parents and relatives as permanency resources and supports to expedite the adoption process	Todd Reckling	Analyze lessons learned from court improvement project pilot (Douglas County model court project, and the Lancaster and Sarpy County Court/agency collaboration project) regarding early identification of non-custodial parents and relatives as placement resources.	10/03		<p>Extension Requested to 3/04. Meeting between Court Improvement Project staff and HHS staff scheduled in 12/03 to analyze the lessons the CIP has learned from the model court project in regards to identification of non-custodial parents and relatives as placement resources.</p> <p>In addition, the CCP identified a new Intake Tool that was implemented in the Omaha area in July 2003 asks questions of the reporter regarding whether or not the non-custodial parent, or other relatives are known. If known, the reporter is asked to give as much identifying information about the non-custodial parent or relative as possible so the assessment worker can try and make contact with the person. The new emergency removal fact sheet that is in draft form asks the parent who has his/her child removed to identify the non-custodial parent and any other relatives that might be able to take the child for placement or become involved in the case and offer support to the family. Early identification of non-custodial parents and relatives will assist in placement stability so children do not have to be placed in various foster homes or other out-of-home settings when a non-custodial parent or relative may be available to provide care.</p>
		Policy developed in collaboration with the Court Improvement Project (CIP) and NRC's for Child Maltreatment and Family Centered Practice.	10/03		Request extension to 7/04 to incorporate lessons learned and allow for time to share and receive input from the CIP on the policies developed through the CCP. All aspects of CCP including intake, assessment, and case planning, and permanency planning have incorporated ways to not only identify, but to also involve non-custodial parents, and other relatives into the case. All work products and practices are designed around a family-centered practice model that requires that informal family supports and community supports and services be utilized as much as possible and in conjunction with more traditional and formal supports as necessary.
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and NRC's.	03/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Train staff on written policy. Training to be conducted by managers and supervisors.	04/04		
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	04/04		
		Written policy disseminated through Administrative Memo.	04/04		
		Policy implemented statewide.	04/04		
Develop and implement methods for measuring policy on early identification and assessment of non-custodial parents, relatives, and permanency resources including supports to expedite the adoption process	Todd Reckling	Provide supervisors and managers with copies of N-FOCUS reports on a monthly basis that identify placements with relatives and non-custodial parents.	07/02		<p>Extension Request to 07/04. The Derived Placement report shows the number of children and youth placed in a 1) relative foster home and 2) relative foster home (licensed). The report also shows the number of children placed with a parent, but does not discern between the caretaker parent and the non-custodial parent. The Derived Placement Report is made available to the Protection and Safety Administrators in the service areas as well as Central Office Management staff and others on a monthly basis by Sherri Haber, Deputy Administrator.</p> <p>This N-FOCUS report will need to be enhanced to specifically capture placement of a child with a non-custodial parent.</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Develop and implement standardized supervisor oversight process to monitor compliance with policy on early identification and assessment of non-custodial parents, relatives, and permanency resources including supports to expedite the adoption process. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	04/04		
		Establish baseline regarding the number of children placed with relatives and non-custodial parent.	07/03		Extension requested 07/04. The Derived Placement Report as of 12-05-2003 showed that out of 6574 total wards, a total of 1225 were with a parent/caretaker following a previous placement, 559 had never been removed from the home, 709 were in relative foster care, and 42 were in relative foster care (licensed). There is no specific breakdown in this report yet for placements with non-custodial parents.
		Establish targeted improvements based on baseline	07/03		Extension requested 07/04
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	07/03 and ongoing		Extension requested 07/04
Develop policy and practice regarding concurrent planning	Margaret Bitz	Policy developed in collaboration with the NRC's for Foster Care and Permanency Planning and Family Centered Practice.	05/03	05/02	Policy for Concurrent Planning has been developed and this material was included in Guidebook changes distributed to the field in 5/03. The NRC for Family Centered Practice reviewed that material and gave the opinion that it is in keeping with best practice.

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and NRCs.	05/04	05/02	Training has been developed in collaboration with CCFL and the Department's training unit.
		Train staff on written policy. Training to be conducted by managers and supervisors.	08/04	05/02 through 08/02	Training has been provided by the HHS Training Unit to Protection and Safety Supervisors and Workers in several sites across the state on the draft policy which was available in 2002.. Six training sessions occurred between the months of May through August, 2002.
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	08/04		
		Written policy disseminated through Administrative Memo.	09/04		
		Policy implemented statewide.	09/04		
Develop and implement methods for measuring compliance with policy on concurrent planning	Margaret Bitz	Revise N-FOCUS report and provide report to supervisors and managers on a monthly base.	03/04		
		Develop and implement standardized supervisor oversight process to monitor compliance with concurrent planning. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	04/04		



Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Conduct case reviews on a sample of cases to determine compliance on concurrent planning based on case review. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	07/04		
		Establish baseline to determine compliance with concurrent planning.	09/04		
		Establish targeted improvements based on baseline.	09/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		
Strengthen policy and practice regarding timely establishment of permanency goals within 60 days of placement	Margaret Bitz	Analyze lessons learned from court improvement project pilot (Douglas County model court project, and the Lancaster and Sarpy County Court/agency collaboration project) regarding early establishment of permanency goals	10/03		Extension Requested to 3/04. Meeting between Court Improvement Project (CIP) staff the Department is scheduled in 12/03 to analyze the lessons the CIP has learned from the model court project in regards to establishment of permanency goals, re-assessment of goals, and the content of court reports.

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Policy developed in collaboration with the Court Improvement Project (CIP) and NRC's for Child Maltreatment and Family Centered Practice.	10/03		<p>Request extension to 7/04 to incorporate lessons learned and allow for time to share and receive input from the CIP on the policies developed through the CCP. All work products and practices are designed around a family-centered practice model that requires that informal family supports and community supports and services be utilized as much as possible and in conjunction with more traditional and formal supports as necessary.</p> <p>In addition, the CCP team decided that it would be a helpful direction to have a comprehensive assessment that Protection and Safety would use to assess and then reassess throughout the life of the case. This type of assessment would incorporate those areas that were formerly known as safety evaluation and plan, risk evaluation, initial assessment and family assessment. In moving toward this direction the small group is defining the following terms and how the work should proceed for risk, safety, intake priorities, safety assessment (present and ongoing), initial assessment, family assessment, case planning, reassessments, and out-of-home assessments. This assessment is key to establishing permanency plans, re-assessments of the permanency plans and will also aid in defining more clearly what content should be in reports to the courts.</p>
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and NRC's.	05/04		
		Train staff on written policy. Training to be conducted by managers and supervisors.	07/04		
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	07/04		
		Written policy disseminated through Administrative Memo.	07/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Policy implemented statewide.	07/04		
Develop and implement methods for measuring compliance with policy on timely establishment of permanency goals.	Margaret Bitz	Develop N-FOCUS report that monitors the timely establishment of permanency goals.	07/02	07/02 and ongoing	N-FOCUS produces 3 reports that are disseminated monthly to Protection and Safety Administrators, Supervisors and workers. The first report indicates at the office and individual worker level the names of children who have not had a case plan established within 60 days of custody. Case plans include the permanency goals for each child. Based on this report, another report is generated that is categorized by service areas that tracks trends of compliance/non-compliance with policy. The third report indicates the percentage of children who do not have a case plan.
		Develop and implement standardized supervisor oversight process to monitor compliance with policy on timely establishment of permanency goals. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	07/04	8/02	<p>Each month the Deputy Administrator forwards these reports to Administrators, Supervisors and to monitor data on compliance.</p> <p>A major initiative emerged from the CCP process. This is "proactive supervision" that is modeled after a project in Hamilton County Ohio. The same person who provided assistance in getting that project operational is working with HHS to implement it in Nebraska. One significant factor involved in the proactive supervision is that the supervisors routinely review a consistent set of factors regarding cases and this may include this particular compliance issue. The proactive supervisor process in Nebraska includes the following activities:</p> <p><b>February 25-27, April 7-8, May 28-30, July 15-17, 2003</b> CCP Team received several presentations on proactive supervision and material from the National Resource Center consultant, Carole Smith who worked with Hamilton Co, Ohio and continues to work with the NE supervisors.</p> <p><b>March 2003</b> Supervisor workgroup members named by Protection and Safety Administrators; members asked to respond to survey tool describing in detail their tasks and time spent on each in order to get baseline of current supervisory duties in Nebraska.</p> <p><b>5/16/03</b> First supervisory workgroup meeting in Kearney all day; involved 8 supervisors representing all three service areas, and key Central Office staff from Program and Human Resources, and Michelle Graef/Megan Potter from UNL-</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p>CCFL; discussed supervisory role in intake process and time in current activities, re-prioritization of supervisors time.</p> <p><b>5/29/03</b> (at CCP meeting) Supervisor workgroup was formally requested to examine Carole Smith's proactive structured supervision model and make recommendations regarding possible implementation in Nebraska.</p> <p><b>6/23/03</b> All day Sarpv. Group meeting in Kearney. Time spent learning about the model, and included a conference call with Carole Smith for approximately 1 hour during the meeting. Continued discussion of current supervisory practice in Nebraska and challenges faced in implementing change.</p> <p><b>7/15, 16, 17, 2003</b> (at CCP meeting) Discussions of model, additional presentation by Carole Smith, discussion of plan for implementation of model in Nebraska.</p> <p><b>7/18/03</b> Meeting of supervisor workgroup all day in Kearney. Worked with Carole Smith to learn more about proactive supervision. Carole created a genogram on a local Nebraska case. This was a major turning point in the project, and generated much excitement and enthusiasm among all team members.</p> <p><b>7/20 – 8/10, 2003</b> Determined that subgroup of NE supervisors workgroup should go to Hamilton County, Ohio to experience proactive supervision first-hand.</p> <p><b>8/12 &amp; 13, 2003</b> Four Nebraska supervisors traveled to Hamilton County, OH to learn more about proactive structured supervision from their supervisors, with on-site facilitation provided by Carole Smith.</p> <p><b>8/18 &amp; 19, 2003</b> Supervisor workgroup meeting in Kearney. The four workgroup members who traveled to Ohio brought back information and enthusiastically shared what they'd learned with the rest of the group. The team worked on adaptation of the Ohio forms they had brought back, and discussed how the process would work in Nebraska. Developed and presented recommendations for the implementation next steps and supports needed to the Protection and Safety Administrators Team, which was meeting in Kearney at the same time.</p> <p><b>9/3 &amp; 4, 2003</b> CCP meeting in Kearney. Continued work with Carole Smith on implementation of proactive supervision in Nebraska. Michelle Graef meeting in evening with Carole Smith and Mary Osborne to discuss issues in implementation.</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p><b>9/5/03</b> Supervisor workgroup meeting in Kearney. Follow-up from CCP meeting. Information from Todd Reckling and Michelle Eby co-leaders of the CCP Initiative regarding comprehensive assessment and integration of this with proactive supervision model. Continued work on forms for Nebraska and planning for presentation at Supervisors' statewide conference to be held in October.</p> <p><b>9/17 &amp; 18, 2003</b> Carole Smith here for consultation in Kearney with supervisor workgroup all day on 18th. Michelle Graef/Megan Potter meeting with Carole in evening of 17<sup>th</sup> with some of the supervision workgroup members. Continued the group's learning about the model. Modification of some of the draft forms. Developed strategy and presentation for upcoming supervisor's conference. Discussed next steps in implementation.</p> <p><b>10/7 &amp; 8, 2003</b> Statewide Supervisor's Conference in Omaha. Carole Smith and 5 supervisors from Hamilton County, Ohio traveled to Nebraska and did presentations to all NE supervisors about proactive supervision including demonstration of a genogram and clinical case review process. The eight supervisor members of the workgroup participated in panel discussions and small group breakout sessions to facilitate rest of the state's supervisors introduction to the concepts of the model and to answer their questions.</p>
		Provide supervisors and managers with reports on a monthly basis	07/02	06/02	A baseline was established in 6/02. This baseline was 54%
		Establish baseline regarding the timely establishment of permanency goals.	07/03	06/02	Targeted improvement was established to reach 100% by 1/1/03. As of 9/1/03, compliance was at 88%.
		Establish targeted improvements based on baseline.	07/03	08/02	If the monthly percentage has not equaled or exceeded the previous month numbers, a correction action plan is developed to ensure that we are working towards meeting the goal of 90% compliance. This corrective action plan can be completed at any level within the organization.

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	07/03 and ongoing	07/02 and ongoing	N-FOCUS produces 3 reports that are disseminated monthly to Protection and Safety Administrators, Supervisors and workers. The first report indicates at the office and individual worker level the names of children who have not had a case plan established within 60 days of custody. Case plans include the permanency goals for each child. Based on this report, another report is generated that is categorized by service areas that tracks trends of compliance/non-compliance with policy. The third report indicates the percentage of children who do not have a case plan.
Strengthen matching process of child with placement resource	Margaret Bitz	Identify current utilization of family group conferencing through review of current contracts and numbers of families served.	12/03		Extension Requested to 1/04. The Department has contracts with private agencies to provide traditional family group conferencing, as well as expedited family group conferencing, facilitation and mediation. These contracts are currently being examined along with producing numbers to identify families served. Request a change in the wording of the benchmark, eliminating the reference to number of families meeting the criteria for use of family group conferencing.
		Identify targeted increase of family group conferencing to locate family members or natural supports of family for placement opportunities based on current utilization	03/04		
		Communicate to staff the availability and the expectation of meeting the targeted increase.	03/04	11/03	In 11/03, Ron Ross, HHS Director, sent a memo to all Protection and Safety staff to clarify the purpose of family group conferences and the expectation that they be used whenever appropriate as a tool to achieve timely permanency for children.

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Develop and implement standardized supervisor oversight process to monitor compliance with the increase of family group conferencing to locate family members or natural supports of family for placement opportunities. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	03/04		
Develop and implement methods for measuring compliance requiring characteristic fields to be completed for children and foster parents.	Margaret Bitz	Require N-FOCUS use of child and provider characteristics fields to activate existing N-FOCUS matching capabilities	03/04		
		Develop an exception report on N-FOCUS that identifies characteristic fields are completed for all children and foster parents.	06/04		
		Develop and implement standardized supervisor oversight process to monitor compliance with requiring characteristic fields to be completed for children and foster parents on N-FOCUS. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	06/04		
		Provide supervisors and managers with reports on a monthly basis	06/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	06/04 and ongoing		
Strengthen policy and practice to mandate monthly worker visits at a minimum with children and families or more frequently based on identified needs to assure timely progress is being made towards adoption	Margaret Bitz	Policy developed by HHSS.	09/02	08/02	In July & August 2002 policy mandating a minimum of monthly contact between a worker & youth, parent and out of home care provider was developed. 08-30-2002 a Program Memo were issues requiring staff to have monthly in-home contact with state wards. 10-30-02 a revised Program Memo was issues which clarified specifics regarding monthly contacts with youth.
		Training developed by HHS Staff.	09/02	09/02	09-02 Supervisors and administrative staff were asked to review this memo with staff, outline the front line work issues and how to enter the information on the data system. The Training Unit incorporated this policy into their new worker and on-going training.
		Training conducted on written policy by managers and supervisors	09/02	09/02	09-02 Supervisors and administrative staff reviewed this memo with staff, outlined the front line work issues and how to enter the information on the data system. The Training Unit incorporated this policy into their new worker and on-going training.
		Written policy disseminated through Administrative Memo.	09/02	09/02	08-2002 Administrative Memo sent to staff outlining the new policy.
		Policy implemented statewide.	09/02	09/02	08-2002 Policy Implemented statewide based on the Administrative memo sent 08-02. Implementation was effective immediately so that all youth had their first required monthly contact by 09-30-2002.
Develop and implement methods for measuring compliance on policy requiring visits with children and families.	Margaret Bitz	Develop N-FOCUS report that monitors the compliance with the visitation policies.	11/02	11/02	11-2002 reports were developed for staff, supervisors and managers to track monthly contact with youth and families.



Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Develop and implement standardized supervisor oversight process to monitor compliance with requiring visits with children and families. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	07/03	07/03	<p>Each month the Deputy Administrator forwards a tracking report to supervisors and administrators. This report outlines the youth who have had a contact for the month in question and those who have not. Supervisors and administrators are notified at that time the 'due' date to have this information added to the data system in order for the 'contact' to count. The Deputy Administrator also forwards monthly reports outlining the status for the month regarding compliance. If the monthly percentage has not equaled or exceeded the previous month numbers, a corrective action plan is developed to ensure that we are working towards meeting the goal of 90% compliance. This corrective action plan may be done at any level within the organization.</p> <p>A major initiative emerged from the CCP process. This is "proactive supervision" that is modeled after a project in Hamilton County Ohio. The same person who provided assistance in getting that project operational is working with HHS to implement it in Nebraska. One significant factor involved in the proactive supervision is that the supervisors routinely review a consistent set of factors regarding cases and this may include this particular compliance issue. The proactive supervisor process in Nebraska includes the following activities:</p> <p><b>February 25-27, April 7-8, May 28-30, July 15-17, 2003</b> CCP Team received several presentations on proactive supervision and material from the National Resource Center consultant, Carole Smith who worked with Hamilton Co, Ohio and continues to work with the NE supervisors.</p> <p><b>March 2003</b> Supervisor workgroup members named by Protection and Safety Administrators; members asked to respond to survey tool describing in detail their tasks and time spent on each in order to get baseline of current supervisory duties in Nebraska.</p> <p><b>5/16/03</b> First supervisory workgroup meeting in Kearney all day; involved 8 supervisors representing all three service areas, and key Central Office staff from Program and Human Resources, and Michelle Graef/Megan Potter from UNL-CCFL; discussed supervisory role in intake process and time in current activities, re-prioritization of supervisors time.</p> <p><b>5/29/03</b> (at CCP meeting) Supervisor workgroup was formally</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p>requested to examine Carole Smith's proactive structured supervision model and make recommendations regarding possible implementation in Nebraska.</p> <p><b>6/23/03</b> All day Sarpv. Group meeting in Kearney. Time spent learning about the model, and included a conference call with Carole Smith for approximately 1 hour during the meeting. Continued discussion of current supervisory practice in Nebraska and challenges faced in implementing change.</p> <p><b>7/15, 16, 17, 2003</b> (at CCP meeting) Discussions of model, additional presentation by Carole Smith, discussion of plan for implementation of model in Nebraska.</p> <p><b>7/18/03</b> Meeting of supervisor workgroup all day in Kearney. Worked with Carole Smith to learn more about proactive supervision. Carole created a genogram on a local Nebraska case. This was a major turning point in the project, and generated much excitement and enthusiasm among all team members.</p> <p><b>7/20 – 8/10, 2003</b> Determined that subgroup of NE supervisors workgroup should go to Hamilton County, Ohio to experience proactive supervision first-hand.</p> <p><b>8/12 &amp; 13, 2003</b> Four Nebraska supervisors traveled to Hamilton County, OH to learn more about proactive structured supervision from their supervisors, with on-site facilitation provided by Carole Smith.</p> <p><b>8/18 &amp; 19, 2003</b> Supervisor workgroup meeting in Kearney. The four workgroup members who traveled to Ohio brought back information and enthusiastically shared what they'd learned with the rest of the group. The team worked on adaptation of the Ohio forms they had brought back, and discussed how the process would work in Nebraska. Developed and presented recommendations for the implementation next steps and supports needed to the Protection and Safety Administrators Team, which was meeting in Kearney at the same time.</p> <p><b>9/3 &amp; 4, 2003</b> CCP meeting in Kearney. Continued work with Carole Smith on implementation of proactive supervision in Nebraska. Michelle Graef meeting in evening with Carole Smith and Mary Osborne to discuss issues in implementation.</p> <p><b>9/5/03</b> Supervisor workgroup meeting in Kearney. Follow-up from CCP meeting. Information from Todd Reckling and Michelle Eby co-leaders of the CCP Initiative regarding</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p>comprehensive assessment and integration of this with proactive supervision model. Continued work on forms for Nebraska and planning for presentation at Supervisors' statewide conference to be held in October.</p> <p><b>9/17 &amp; 18, 2003</b> Carole Smith here for consultation in Kearney with supervisor workgroup all day on 18th. Michelle Graef/Megan Potter meeting with Carole in evening of 17<sup>th</sup> with some of the supervision workgroup members. Continued the group's learning about the model. Modification of some of the draft forms. Developed strategy and presentation for upcoming supervisor's conference. Discussed next steps in implementation.</p> <p><b>10/7 &amp; 8, 2003</b> Statewide Supervisor's Conference in Omaha. Carole Smith and 5 supervisors from Hamilton County, Ohio traveled to Nebraska and did presentations to all NE supervisors about proactive supervision including demonstration of a genogram and clinical case review process. The eight supervisor members of the workgroup participated in panel discussions and small group breakout sessions to facilitate rest of the state's supervisors introduction to the concepts of the model and to answer their questions.</p>
		Provide supervisors and managers with reports on a monthly basis	11/02	11/02 and ongoing	11/02 reports are sent to staff, supervisors and managers monthly.
		Establish baseline regarding worker monthly visits with children and families.	07/03		03-04 extension date requested. QA staff are not yet on board to assist in developing a formal process.
		Establish targeted improvements based on baseline.	07/03 and ongoing		03-04 extension date requested. QA staff are not yet on board to assist in developing a formal process
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	07/03	07/03	Corrective action plans have been put in place where compliance with increasing the monthly contact with youth has not occurred

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Strengthen policy and practice regarding termination of parental rights including appropriateness, timeliness and compelling reasons not to file.	Margaret Bitz	Policy developed in collaboration with the NRC's for Foster Care and Permanency Planning and Family Centered Practice.	10/03	10/03	Policy has been developed that strengthens current policy regarding termination of parental rights including appropriateness, timeliness and compelling reasons not to file. The NRC for Family Centered Practice reviewed that material and gave the opinion that it is in keeping with best practice.
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and NRC's.	12/03		
		Training conducted on written policy and practice in conjunction with overall training on case planning. Training to be conducted by managers and supervisors.	03/04		
		Completed training sign in sheets will be submitted to the PSA for the staff in the area.	03/04		
		Written policy disseminated through Administrative Memo.	04/04		
		Policy implemented statewide.	04/04		
Develop and implement methods of monitoring compliance with policy regarding timeliness of requests for termination of parental rights.	Margaret Bitz	Conduct case reviews on a sample of cases to determine compliance with policy regarding requests for termination of parental rights including compelling reasons not to file. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	07/04 Ongoing		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Establish baseline to determine compliance with policy regarding requests for termination of parental rights including compelling reasons not to file.	09/04		
		Establish targeted improvements based on baseline	09/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		
Develop policy regarding timely initiation and completion of home studies of adoptive parents	Margaret Bitz	Policy developed in collaboration with the NRC's for Foster Care and Permanency Planning, Special Needs Adoption, and Family Centered Practice	10/03		Request extension to 4/04 to ensure coordination with Recruitment and Retention Priority. Development of this policy is being included in the work done by the Recruitment and Retention Team. In addition, a home study format that will be required for all HHS home studies has been drafted and will be shared with the NRC's in December.
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and NRC's.	12/03		
		Training conducted on written policy and practice in conjunction with overall training on case planning managers and supervisors	03/04		
		Written policy disseminated through Administrative Memo.	04/04		
		Policy implemented statewide.	04/04		

<b>Action Steps</b>	<b>Lead Responsibility</b>	<b>Benchmarks</b>	<b>Date Projected</b>	<b>Date Actual</b>	<b>Progress Report</b>
Develop a report that monitors timely initiation and completion of home studies of adoptive parents	Margaret Bitz	Develop an N-FOCUS report that monitors timely initiation and completion of home studies.	03/04		
		Provide supervisors and managers with reports on a monthly basis	03/04		
		Develop and implement standardized supervisor oversight process to monitor compliance with timely initiation and completion of home studies of adoptive parents. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	04/04		
		Establish baseline regarding the timely initiation and completion of home studies of adoptive parents.	06/04		
		Establish targeted improvements based on baseline	06/04		
		Amend current home study contracts to address the timely initiation and completion of home studies of adoptive parents.	06/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety. QA protocol.	07/04 and ongoing		

<b>Action Steps</b>	<b>Lead Responsibility</b>	<b>Benchmarks</b>	<b>Date Projected</b>	<b>Date Actual</b>	<b>Progress Report</b>
Strengthen policy and practice regarding the transfer of cases in a timely manner including the early involvement of adoption workers when adoption becomes the goal for the child	Margaret Bitz	Policy developed by HHSS.	03/04		
		Training developed by HHS Staff.	03/04		
		Train staff on written policy. Training to be conducted by managers and supervisors.	03/04		
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	03/04		
		Written policy disseminated through Administrative Memo.	04/04		
		Policy implemented statewide.	04/04		
Develop and implement methods for monitoring transfer of cases in a timely manner.	Margaret Bitz	Develop an N-FOCUS report that monitors the transfer of cases.	03/04		
		Provide supervisors and managers with report on a monthly basis.	03/04		
		Develop and implement standardized supervisor oversight process to monitor compliance with transfer of cases in a timely manner. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	03/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Conduct case reviews on a sample of cases to monitor timely transfer of cases. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	07/04		
		Establish baseline to monitor timely transfer of cases.	09/04		
		Establish targeted improvements based on baseline.	09/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		
Develop policy and practice for listing legally available children on adoption exchanges	Margaret Bitz	Policy developed in collaboration with the NRC's for Foster Care and Permanency Planning, Special Needs Adoption, and Family Centered Practice.	01/03	01/03	<p>Policy and guidebook material was developed and the NRC for Family Centered Practice reviewed the guidebook material and gave the opinion that it is in keeping with best practice.</p> <p>A Memo sent by the Director to all Protection and Safety staff, requiring that all children free for adoption, with a plan of adoption, and not yet in an adoptive home be placed on the appropriate adoption exchange(s) by April, 2003.</p>



Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and NRC's. Training will include the writing of adoption profiles for posting on the exchanges.	12/03		
		Training conducted on written policy and practice in conjunction with overall training on case planning. Managers and supervisors will conduct training with technical assistance from the NRC.	03/04		
		Training sign in sheets will be submitted to the PSA for the staff in the area.	03/04		
		Written policy disseminated through Administrative Memo.	04/04		
		Policy implemented statewide.	04/04		
Develop and implement a method to monitor whether children available for adoption are placed on the adoption exchanges	Margaret Bitz	Provide supervisors with a monthly report on the children available for adoptions that are not currently placed in adoptive homes.	03/03	03/03	In March of 2003, a report was created that is given to supervisors on a monthly basis that identifies those children who are available for adoption and are not currently placed in an adoptive home.
		Develop and implement standardized supervisor oversight process to monitor compliance with children available for adoption being placed on adoption exchanges. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	04/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Conduct case reviews on a sample of cases to determine compliance on placing children on the adoption exchange. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	07/04		
		Establish baseline to determine compliance with placing children available for adoption on the adoption exchange.	09/04		
		Establish targeted improvements based on baseline.	09/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		
Secure additional resources to support adoption activities.	Margaret Bitz	Grant application completed and submitted to the National Adoption Exchange.	07/03	06/03	Grant was awarded to HHS
		If grant is received, implement the grant activities to support placing children available for adoption on the adoption exchanges.	10/03 and ongoing		Request extension to 12/03 to allow completion of letter of agreement with identified contractor. The grant provides funds to contract for preparation of information about children for the adoption exchanges.
		Identify other potential resources to support adoption activities.	03/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
<p>Strengthen HHSS Legal Services that support permanency for state wards by working with the courts to:</p> <ul style="list-style-type: none"> <li>• Locate and assess other relatives as potential placements;</li> <li>• File for termination of parental rights within ASFA guidelines.</li> <li>• Obtain adoption finalizations in a timely manner.</li> </ul>	Margaret Bitz	In collaboration with the NRC's for Legal and Judicial Issues and HHS Legal Services. Analyze and identify barriers and recommend actions for legal services to support permanency. Implement recommendations identified for improving legal services to support permanency.	12/03		<p>Request extension to 5/04 to allow for gathering information, assessing and making recommended actions to implement. Focus groups are being held statewide to obtain input of HHS' Protection and Safety Legal Team and line staff regarding current support and what improvements are needed. The focus group meetings will be completed in January, 2004.</p> <p>In May, 2003, a conference call was held with Mimi Laver for assistance re: questionnaires for use with Legal staff and Field staff to gather information on current usage of the Protection and Safety Legal Team and what might be done to improve support to the field. In June, 2003, Ms. Laver sent questionnaires that she had developed as a sample. In October, 2003, the questionnaires were re-drafted to make them more relevant to NE. In November, 2003, the Team Leads and Mike Rumbaugh, Supervisor for the Protection and Safety Legal Team, met. After discussion, the decision was made to gather information via focus groups rather than questionnaires, using the questionnaires only if necessary. In November, all members of the Protection and Safety Legal Team participated in a focus group. On December 10, the first of six focus groups was held with supervisors and workers from the field. The remaining focus groups will occur in January, 2004. From information gathered thus far, it appears that holding focus groups was a much better choice than using the questionnaires, as the information gained is excellent and will be very useful in determining our next steps.</p>
		Monitor the implementation of the recommended actions to assure recommendations are implemented and that permanency is being supported through the identified changes.	12/04		
		Collaborate with CIP and HHS Legal Services on strategies to overcome identified barriers.	12/04 and ongoing		

**Item 10. Permanency goal of other planned permanent living arrangement**

**Goal Negotiated Measure; % of Improvement:** By 7-1-05, Nebraska will increase the percentage of children prepared for independent living upon release from state custody from 50% to 55%.

**Baseline:** 50% established during the CFSR

**Method of Measuring Improvement:** Nebraska CFSR

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Strengthen policy and practice regarding Independent Living Plans for children 16 years of age and older.	Todd Reckling,	Policy developed by HHSS and in collaboration with the NRC on Youth Development.	10/03		<p>Extension requested 07/04. The Independent Living Coordinator revised HHS Guidebook for Independent Living Services in April 2003. However, as the CCP team advanced in their discussions regarding the use of family centered practice, it was decided that the Independent Living policy and guidebook really need to be revised to address ways of helping youth connect with family and communities as they move toward independent living. Therefore, the Independent Living material is not yet finalized.</p> <p>Nebraska wrote a proposal and was awarded a grant from the Administration for Children and Families to administer an Education and Training Vouchers Program (ETV) for current and former foster care youth. A "Request for Proposals" was release on November 14, 2003 to recruit and agency to administer the ETV Program. It is anticipated that the program will be operational by February 1, 2004. ETV information will be added to the new policy/guidebook that is being developed.</p>
		Training developed by HHS Staff.	12/03		Extension requested to 7/04. The policy and practice has not yet been developed so training has not occurred.
		Written policy disseminated through Administrative Memo.	03/04		Extension requested 07/04
		Train staff on written policy. Training to be conducted by managers and supervisors.	04/04		Extension requested 07/04
		Policy implemented statewide.	04/04		Extension requested 07/04

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Clarify expectations of foster parents/resource families regarding the assessment and development of independent living plans for children 16 years of age or older.	Todd Reckling	Identify expectations in collaboration with NFAPA.	10/03		Extension Request to 3/04 The Independent Living Coordinator will be setting up a meeting with Mary Burt, Director for the Nebraska Foster Adoptive Parent Association regarding the assessment and development of independent living plans for children 16 years of age or older.
		Communicate expectations to staff and foster parents through memo to staff, letter to foster parents, and an article in the NFAPA newsletter.	04/04		
		Incorporate independent living expectations into foster parent orientations, pre-service training, ongoing training and foster parent conferences	08/04		
Issue communication to staff about the responsibilities of the independent living contractor.	Todd Reckling	Communication written and distributed	10/03		Extension requested 01/04.
Support Tribal activities for the assessment and development of independent living plans for tribal youth 16 years of age or older.	Todd Reckling	Renew contract with Central Plains Center for Services, specifying tribal set aside for independent living services and activities	10/03	10/03	A newly issued contract with Central Plains for the period 10/01/2003 to 09/30/2004 was completed and signed on 10/25/2003.. Instead of Central Plains distributing the funding allocations for the Tribes, the Tribes were directly given an allocation to serve their youth 16 and over. The Tribal contracts with the Winnebago, Omaha, Ponce and Santee Tribes were issued and signed on 10/28/2003.
		Support Tribal youth counsel and annual Tribal youth conference via a grant to the Nebraska Children and Family Foundation.	01/04		A contract is currently being processed with the Nebraska Children's and Family Foundation and Services to be provided as part of the contract include a Tribal Youth Counsel Annual Conference to be conducted in the summer of 2004.
Develop and implement methods to monitor children 16 or older who do not have independent living plans.	Todd Reckling	Develop an N-FOCUS report that identifies youth 16 and older that do not have an independent living plan.	03/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Develop and implement standardized supervisor oversight process to monitor compliance with children 16 or older who do not have independent living plans. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	04/04		
		Provide supervisors and managers with reports on a monthly basis	03/04		
		Conduct case reviews on a sample of cases to determine if the timely and appropriate re-assessment of permanency goals is occurring. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	07/04		
		Establish baseline of youth that do not have independent living plans.	09/04		
		Establish targeted improvements based on baseline	09/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		

**Outcome P2: The continuity of family relationships and connections is preserved for children.**

**GOAL:** By 7-1-05, Nebraska will increase the continuity of family relationships and preserved connections for children 65.7% to 70%.

Evaluation method: Nebraska CFSR

**Baseline:** 65.7% established during the CFSR.

**Item 13. Visiting with parents and siblings in foster care**

**Goal Negotiated Measure; % of Improvement:** By 7-1-05, Nebraska will increase visitation with parents and siblings in foster care from 71% to 75%.

**Baseline:** 71% established during the Federal CFS Review.

**Method of Measuring Improvement:** NE CFSR

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Strengthen policy and practice on early identification and assessment of non-custodial parents and relatives for visitation with children in foster care.	Todd Reckling	Analyze lessons learned from court improvement project pilot (Douglas County model court project, and the Lancaster and Sarpy County Court/agency collaboration project) regarding early identification of non-custodial parents and relatives as placement resources.	10/03		<p>Extension requested to 03/04. Meeting between Court Improvement Project (CIP) and the department is scheduled in 12/03 to analyze lessons the CIP has learned from the model court project in regards to identification of non-custodial parents and relatives as permanency resources and supports.</p> <p>In addition, the CCP has a strong interest and has identified this issue. Throughout their meetings, the CCP workgroup have specified that non-custodial parents need to identify as indicated above and then located and contacted, and involved. Then they are to have as much contact with a child in out-of-home care as is beneficial to the child's permanency objective and well-being as possible.</p> <p>The new Intake Tool and that was implemented in Omaha in July 2003 asks questions of the reporter regarding whether or not the non-custodial parent or other relative are known. If known, the reporter is asked to give as much identifying information as possible so the assessment worker can try to make contact with the person. The new emergency removal fact sheet that is in draft form asks the parent who has his / her child removed to identify the non-custodial parent and any other relatives that might be able to take the child for placement or become involved in the case and offer support to the family. Early identification of non-custodial parents and relatives will assist in placement stability and for visitation purposes.</p>
		Policy developed in collaboration with	10/03		Request extension to 07/04 to incorporate lessons learned and

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		the NRC's for Family Centered Practice and Foster Care and Permanency Planning.			allow for time to share input from CIP on policies developed through the CCP. All aspects of CCP including intake and assessment and other incorporate way to identify and involve non custodial parents and other relatives in the case. All work products and practices are designed around family centered practice that requires informal family supports and community supports and services to be used as much as possible collaboration with the NRC for Family Centered Practice and Foster Care and Permanency Planning.. Policy/Guidebook will be developed in collaboration with the NRC for Family Centered Practice and Foster Care and Permanency Planning.
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and NRC's.	12/03		Extension Requested 07/04
		Train staff on written policy. Training to be conducted by managers and supervisors.	03/04		Extension Requested 07/04
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	03/04		Extension Requested 07/04
		Written policy disseminated through Administrative Memo.	04/04		Extension Requested 07/04
		Policy implemented statewide.	04/04		Extension Requested 07/04



Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Develop and implement methods for measuring policy on early identification and assessment of non-custodial parents and relatives for visitation with children in foster care.	Todd Reckling	Provide supervisors and managers with copies of N-FOCUS reports on a monthly basis that identify placements with relatives and non-custodial parent.	07/02		<p>Extension request to 07/04. The Derived Placement Report shows the number of children and youth placed in a 1) relative foster home and 2) relative foster home (licensed). The report also shows the number of children placed with a parent, but does not discern between the caretaker parent and the non-custodial parent. The Derived Placement Report is made available to the Protection and Safety Administrators in the service areas as well as Central Office Management staff and others on a monthly basis by Sherri Haber, Deputy Administrator.</p> <p>This N-FOCUS report will need to be enhanced to specifically capture placement of a child with a non-custodial parent.</p>
		Conduct case reviews on a sample of cases to determine compliance on early identification and assessment of non-custodial parents and relatives. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	07/04		
		Develop and implement standardized supervisor oversight process to monitor compliance with early identification and assessment of non-custodial parents and relatives for visitation with children in foster care. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	09/03		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Establish baseline to determine compliance with early identification and assessment of non-custodial parents and relatives.	09/04		
		Establish targeted improvements based on baseline.	09/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		
Strengthen policy and practice to mandate monthly quality visits, at a minimum between children and their families or more frequently based on identified needs to assure timely progress is being made towards permanency	Margaret Bitz	Policy developed by HHSS and in collaboration with the NRC's for Family Centered Practice and Foster Care and Permanency Planning	09/02	08/02	In July & August 2002 policy mandating a minimum of monthly contact between a worker & youth, parent and out of home care provider was developed. 08-30-2002 a Program Memo was issued requiring staff to have monthly in-home contact with state wards. 10-30-02 a revised Program Memo was issues which clarified specifics regarding monthly contacts with youth.
		Training developed by HHS Staff.	09/02	09/02	09-02 Supervisors and administrative staff were asked to review this memo with staff, outline the front line work issues and how to enter the information on the data system. The Training Unit incorporated this policy into their new worker and on-going training.
		Training conducted on written policy by managers and supervisors.	09/02	09/02	09-02 Supervisors and administrative staff reviewed this memo with staff, outlined the front line work issues and how to enter the information on the data system. The Training Unit incorporated this policy into their new worker and on-going training.
		Written policy disseminated through Administrative Memo.	09/02	09/02	08-2002 Administrative Memo sent to staff outlining the new policy.

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Policy implemented statewide.	09/02	09/02	08-2002 Policy Implemented statewide based on the Administrative memo sent 08-02. Implementation was effective immediately so that all youth had their first required monthly contact by 09-30-2002.
Develop and implement methods to monitor timely and quality visits between children and their parents and siblings	Margaret Bitz	Develop N-FOCUS report that monitors compliance with visitation policies.	11/02	11/02	11-2002 reports were developed for staff, supervisors and managers to track monthly contact with youth and families
		Develop and implement standardized supervisor oversight process to monitor compliance with timely visits between children and their parents and siblings. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	09/03	09/03	<p>Each month the Deputy Administrator forwards a tracking report to supervisors and administrators. This report outlines the youth who have had a contact for the month in question and those who have not. Supervisors and administrators are notified at that time the 'due' date to have this information added to the data system in order for the 'contact' to count. The Deputy Administrator also forwards monthly reports outlining the status for the month regarding compliance. If the monthly percentage has not equaled or exceeded the previous month numbers, a corrective action plan is developed to ensure that we are working towards meeting the goal of 90% compliance. This corrective action plan may be done at any level within the organization.</p> <p>A major initiative emerged from the CCP process. This is "proactive supervision" that is modeled after a project in Hamilton County Ohio. The same person who provided assistance in getting that project operational is working with HHS to implement it in Nebraska. One significant factor involved in the proactive supervision is that the supervisors routinely review a consistent set of factors regarding cases and this may include this particular compliance issue. The proactive supervisor process in Nebraska includes the following activities:  <b>February 25-27, April 7-8, May 28-30, July 15-17, 2003</b>  CCP Team received several presentations on proactive supervision and material from the National Resource Center consultant, Carole Smith who worked with Hamilton Co, Ohio and continues to work with the NE supervisors.  <b>March 2003</b> Supervisor workgroup members named by</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p>Protection and Safety Administrators; members asked to respond to survey tool describing in detail their tasks and time spent on each in order to get baseline of current supervisory duties in Nebraska.</p> <p><b>5/16/03</b> First supervisory workgroup meeting in Kearney all day; involved 8 supervisors representing all three service areas, and key Central Office staff from Program and Human Resources, and Michelle Graef/Megan Potter from UNL-CCFL; discussed supervisory role in intake process and time in current activities, re-prioritization of supervisor's time.</p> <p><b>5/29/03</b> (at CCP meeting) Supervisor workgroup was formally requested to examine Carole Smith's proactive structured supervision model and make recommendations regarding possible implementation in Nebraska.</p> <p><b>6/23/03</b> All day Sarpv. Group meeting in Kearney. Time spent learning about the model, and included a conference call with Carole Smith for approximately 1 hour during the meeting. Continued discussion of current supervisory practice in Nebraska and challenges faced in implementing change.</p> <p><b>7/15, 16, 17, 2003</b> (at CCP meeting) Discussions of model, additional presentation by Carole Smith, discussion of plan for implementation of model in Nebraska.</p> <p><b>7/18/03</b> Meeting of supervisor workgroup all day in Kearney. Worked with Carole Smith to learn more about proactive supervision. Carole created a genogram on a local Nebraska case. This was a major turning point in the project, and generated much excitement and enthusiasm among all team members.</p> <p><b>7/20 – 8/10, 2003</b> Determined that subgroup of NE supervisors workgroup should go to Hamilton County, Ohio to experience proactive supervision first-hand.</p> <p><b>8/12 &amp; 13, 2003</b> Four Nebraska supervisors traveled to Hamilton County, OH to learn more about proactive structured supervision from their supervisors, with on-site facilitation provided by Carole Smith.</p> <p><b>8/18 &amp; 19, 2003</b> Supervisor workgroup meeting in Kearney. The four workgroup members who traveled to Ohio brought back information and enthusiastically shared what they'd learned with the rest of the group. The team worked on adaptation of the Ohio forms they had brought back, and discussed how the process would work in Nebraska.</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p>Developed and presented recommendations for the implementation next steps and supports needed to the Protection and Safety Administrators Team, which was meeting in Kearney at the same time.</p> <p><b>9/3 &amp; 4, 2003</b> CCP meeting in Kearney. Continued work with Carole Smith on implementation of proactive supervision in Nebraska. Michelle Graef meeting in evening with Carole Smith and Mary Osborne to discuss issues in implementation.</p> <p><b>9/5/03</b> Supervisor workgroup meeting in Kearney. Follow-up from CCP meeting. Information from Todd Reckling and Michelle Eby co-leaders of the CCP Initiative regarding comprehensive assessment and integration of this with proactive supervision model. Continued work on forms for Nebraska and planning for presentation at Supervisors' statewide conference to be held in October.</p> <p><b>9/17 &amp; 18, 2003</b> Carole Smith here for consultation in Kearney with supervisor workgroup all day on 18th. Michelle Graef/Megan Potter meeting with Carole in evening of 17<sup>th</sup> with some of the supervision workgroup members. Continued the group's learning about the model. Modification of some of the draft forms. Developed strategy and presentation for upcoming supervisor's conference. Discussed next steps in implementation.</p> <p><b>10/7 &amp; 8, 2003</b> Statewide Supervisor's Conference in Omaha. Carole Smith and 5 supervisors from Hamilton County, Ohio traveled to Nebraska and did presentations to all NE supervisors about proactive supervision including demonstration of a genogram and clinical case review process. The eight supervisor members of the workgroup participated in panel discussions and small group breakout sessions to facilitate rest of the state's supervisor's introduction to the concepts of the model and to answer their questions.</p>
		Conduct case reviews on a sample of cases to monitor the quality of visits between children and their parents. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from	07/03		<p>Each month the Deputy Administrator forwards a tracking report to supervisors and administrators. This report outlines the youth who have had a contact for the month in question and those who have not. Supervisors and administrators are notified at that time the 'due' date to have this information added to the data system in order for the 'contact' to count. The Deputy Administrator also forwards monthly reports outlining the status for the month regarding compliance. If the</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.			monthly percentage has not equaled or exceeded the previous month numbers, a corrective action plan is developed to ensure that we are working towards meeting the goal of 90% compliance. This corrective action plan may be done at any level within the organization
		Establish baseline on compliance with visitation policy.	07/03		03-04 extension date requested. QA staff are not yet on board to assist in developing a formal process.
		Establish targeted improvements based on baseline	07/03		03-04 extension date requested. QA staff are not yet on board to assist in developing a formal process.
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	07/03 and ongoing		Corrective action plans have been put in place where compliance with increasing the monthly contact with youth has not occurred.
Develop and implement Resource Family Model (foster family) and policies to support and promote bonding and visitation between parents and children in resource family home	Chris Hanus	Design model ,policy & practice in collaboration with the NFAPA and the NRC's for Child Maltreatment and Foster Care and Permanency Planning	06/04		
		Recruit and identify potential resources families that reflect the child's racial and ethnic backgrounds	09.04		
Conduct training for resource families and staff.		Develop training in collaboration with NFAPA and the NRC's for Child Maltreatment and Foster Care and Permanency Planning and HHS Training Division	10/04		
		Train resource families regarding policy including racial, cultural, and ethnic backgrounds.	12/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Train staff on written policy. Training to be conducted by managers.	12/04		
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	12/04		
		Policy Implemented	12/04		
		Monitor progress quarterly to achieve recruitment goal.	01/05 and ongoing		

**Item 14. Preserving connections**

**Goal Negotiated Measure; % of Improvement:** By 7-1-05, Nebraska will increase their efforts in preserving connections 71% of applicable cases reviewed to 75%.

**Baseline:** 71% established during the CFSR.

**Method of Measuring Improvement:** Nebraska CFSR

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Strengthen intake policy and practice to include steps to appropriately identify the child and family's culture and heritage	Todd Reckling	Policy developed in collaboration with the NRC for Child Maltreatment and Family Centered Practice.	07/03	07/03	The CCP team decided that through the family-centered approach to working with families, there needed to be diligent efforts by the workers to identify the child and family's culture and heritage. Intake Policy issues were discussed at CCP groups 1, 2, 3, 4, and 5 with NRC's for Family Centered practice and Child Maltreatment represented at each of these meetings. Todd Reckling and Michelle Eby co-leads for CCP Initiative also met with Cathy Welsh from the Child Maltreatment NRC on July 31 and August 01 in Omaha to discuss safety and risk issues for policy/guidebook. The new Intake Report Tool asks the questions: 1) Is there indication the child/ren is Native American and the Indian Child Welfare Act may be applicable; 2) child/family's primary language and if an interpreter is needed; 3) what about the family's culture is important to know, 4) does the reporter know anything about the family's customs and traditions, and 5) does the reporter know anything about the family's faith-based practices, emotional support system, values, beliefs, and principles? Intake Policy/Guidebook is currently drafted, but not finalized.
		Initiate pilot of new policy in the Eastern Service Area to assess practice issues related the new policy.	07/03	07/03	The Eastern Service Area (Omaha and Papillion) was selected as the test pilot site for the new Intake Report tool and specialized process. Test pilot started on July 15, 2003 and ran until September 15, 2003.

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Evaluate results of the pilot and make adjustments to policy and training as needed.	09/03	09/03	Continuous evaluation was conducted with appropriate adjustments to the new Intake Tool and process during the months of July, August, and September. CCP Leads had conference calls and went to Omaha on August 01, and September 12 to “debrief” with the Intake staff, supervisors, and administrators in the Eastern Service Area.
		Written policy disseminated through Administrative Memo.	09/03		Extension request to 02/04. Administrative Memorandum will be distributed 02/04. Currently operating under existing policy with additional guidance provided in Intake Desk Aid and through training.
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and NRC’s.	10/03	Pilot training 07/03 and statewide 10/03	Training was developed collaboratively. Mary Osborne, lead for the HHS training unit was present at the CCP meetings where the new “vision” for the Intake policy/guidebook and practice was discussed. CCP Leaders met with the trainers and CCFL staff on multiple occasions to develop and/or change current training curricula related to the Intake function. In addition to the training coming from the CCP, Jane Berdie with the National Resource Center for Family Centered Practice provided technical assistance on training. A hardcopy of the training handbook developed and shared with the Intake staff is being sent to the Federal Regional Office.
		Train staff on written policy. Training to be conducted by managers and supervisors.	11/03	11/03	The trainers, Central Office Administration, and all the other Service Area Protection and Safety Administrators presented Intake Training to the Omaha and Papillion Intake and Initial Assessment Administrators and Supervisors on July 10, 2003. The trainers, Todd Reckling CO administrator, and the Eastern Service Area PSA’s (Maria Lavicky and Kathy Jones) delivered training to the Omaha/Papillion staff on July 14, 2003 in Omaha, NE. Training staff provided provided an additional seven days of over the shoulder training to staff in Omaha during July and August. The trainers, Todd Reckling, Michelle Eby and other PSA’s trained all the specialized intake supervisors and administrators from the intake sites on September 16 2003 in Kearney, NE. All Specialized Intake Staff were trained on October 21, 2003 in Kearney, NE. On November 6, 2003 training was provided to new workers.
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	11/03	11/03	Sign-in sheets are maintained with training attendance records at the University of Nebraska Center for Children Families and the Law. The number of attendees attending these sessions included:



Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					07/10/03: Specialized Intake Orientation Training- ESA P&S Administrators & Supervisors- Omaha with 33 trainees; 07/14/03: Specialized Intake Process Training- ESA P&S Intake Supervisors & Workers- Omaha with 22 trainees; 09/16/03: Specialized Intake Process Training- Statewide P&S Administrators.& Supervisors- Kearney with 30 trainees; 10/21/03: Specialized Intake Process Training- Statewide P&S Supervisors & Workers- Kearney with 34 trainees; 11/06/03: Specialized Intake Process Training- New P&S Workers- Lincoln with 7 trainees
		Policy implemented statewide.	11/03		Extension request to 02/04. Administrative Memorandum will be distributed 02/04. Currently operating under existing policy with additional guidance provided in Intake Desk Aid and through training.
Strengthen policy and practice on Comprehensive assessments to assure quality and timely assessments that address children's critical relationships and connections	Todd Reckling	Policy developed in collaboration with the NRC for Child Maltreatment and Family Centered Practice.	09/03		Extension Requested 07/04. The CCP team decided the parameters for what they felt the comprehensive assessment needed to accomplish in terms of quality and timeliness of completion of the actual assessment that address children's critical relationships and connections based on a family centered model approach. Comprehensive Assessment issues were discussed at CCP group meetings 1, 2, 3, 4, and 5 with NRC's for Family Centered practice and Child Maltreatment represented at each of these meetings. Todd Reckling and Michelle Eby co-leads for CCP Initiative worked with two designated supervisors, one from the ESA, Carla Crook, and one from the CSA (Northern Tier), Sharyn Hjorth to develop the comprehensive assessment details. This group met in the month of June in Columbus, NE and in Lincoln. Todd Reckling and Michelle Eby co-leads for CCP Initiative have also continued to work on the comprehensive assessment since August 2003 and continue to do so presently. The comprehensive assessment is not yet finalized. The CCP group has discussed the timeliness of the assessment and it has been proposed that the assessment be completed within either 45 or 60 days. The time frame has not yet been finalized as there is concern about the workload issues. The quality aspect is still being refined. The intent of the assessment was to gather as much pertinent information as possible to thoroughly

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					address safety and risk factors, the child's vulnerability and to comprehensively understand the protective capacities of the parent/caretaker. A deeper understanding of how any issues of Domestic Violence, Substance Abuse and Mental Health play into the family dynamics and the safety of the child was desired. The additional quality and completeness of the assessment requires more time to complete the instrument so a further workload analysis needs to be completed.
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and NRC's.	11/03		Extension requested 07/04. In order to facilitate collaborative training development, Todd Reckling and Michelle Eby co-leads for CCP Initiative have been meeting with CCFL and the HHS Training Unit regarding the Comprehensive Assessment during the months of August-October, 2003. Training staff designated as being responsible for future training on the comprehensive assessment were present at these meetings. Trainers present were as follows: Sandy Carmichael, Brian Poppe, Shelley Johnson, Paulette Wathen, and Mary Osborne. The Trainers were trained on Family Centered Practice "Wrap Around" Principles and approaches on August 14, 2003. The trainers also met or had calls with Todd Reckling and Michelle Eby co-leads for CCP Initiative on numerous occasions throughout the months of August, September and October to discuss the new conceptual design for the comprehensive assessment and to begin to design training curricula. Training on the comprehensive assessment's conceptual design was delivered to the supervisors from the designated test sites on October 29, and November 19, 2003. Mary Osborne, lead for the HHS training unit was present at the CCP meetings where the new vision for the comprehensive assessment was discussed. Changes continue to be made to the comprehensive assessment and the actual tool has not yet been finalized.
		Train staff on written policy. Training to be conducted by managers and supervisors.	12/03		Extension requested 07/04. Training on the comprehensive assessment's conceptual design was delivered to the supervisors from the designated test sites on October 29, and November 19, 2003. Some of the Central Office program specialists that will be working with programs impacted by the comprehensive assessment were included in the comprehensive assessment training that occurred on October 29, 2003. Central Office staff will receive additional training on family-centered practice and the comprehensive assessment

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					in January 2004. A training date for workers has not been set at this time.
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	12/03		Extension requested 07/04.
		Written policy disseminated through Administrative Memo.	12/03		Extension request to 07/04. Administrative Memorandum will be distributed 07/04. Currently operating under existing policy with additional guidance provided in the guidebook and through training.
		Policy implemented statewide.	1/04		Extension Requested 07/04
Develop and implement methods to measure quality and timeliness of comprehensive assessments.	Todd Reckling	Provide supervisors and managers with N-FOCUS report on monthly basis	03/04		
		Develop and implement standardized supervisor oversight process to monitor compliance with quality and timeliness of comprehensive assessments. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	03/04		
		Conduct case reviews on a sample of cases to determine the quality and timeliness of comprehensive assessments. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	03/04		
		Establish baselines to monitor the quality and timeliness of	03/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		comprehensive assessments.			
		Establish targeted improvements based on baseline	03/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	03/04		
Strengthen policy and practice Regarding ICWA to include Tribal notification and maintenance of their cultural beliefs, customs and traditions	Todd Reckling	Policy developed by HHSS in collaboration with the ICWA Specialists and NICWA.	10/03		Extension Requested to 07/04. The ICWA Specialist, Central Office management and the ICWA program specialist met with Dave Simmons on June 23, 2003 from NICWA center in Omaha, NE to discuss policy and practices related to best practices for Native American children. The issues of reasonable efforts and active efforts were discussed. One of the ICWA Specialists developed a guidebook of best practices for Native American children and families. HHS legal reviewed the guidebook in March 2003 and the information will be incorporated into the new policy/guidebook that is being developed.
		Training developed in collaboration with ICWA specialists.	12/03		Extension Requested to 07/04. The ICWA Specialists are in the process of conducting case reviews to determine areas of improvement needing training. Reviews will be completed in December 2003, with a final report and recommendations submitted in January 2004. Based on the findings from the 2003 review and the 2002 review, specific strategies related to Tribal notification and maintenance of their cultural beliefs, customs and traditions will be developed.
		Train staff on written policy. Training to be conducted by managers and supervisors.	03/04		Extension Requested to 08/04.
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	03/04		Extension Requested to 08/04.

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Written policy disseminated through Administrative Memo.	04/04		Extension Requested to 08/04.
		Policy implemented statewide.	04/04		
Develop and implement methods to measure ICWA compliance to determine progress in meeting the goal of preserving connections	Todd Reckling	Case reviews are conducted by contracted ICWA specialists	12/03		Request Extension to 1/04. HHS currently has contracts with two ICWA Specialists, John Penn who covers the Eastern Service Area and Belva Morrison who covers the Western Service Area. As part of their contract for the year February 1, 2003 to January 31, 2004, each ICWA specialist is required to review a set minimum number of randomly selected ICWA cases from each of the HHS service areas. A final report from the ICWA review compliance will be compiled in January 2004 and submitted to the service areas.
		Establish baselines on ICWA notification and placement with ICWA preferences.	02/04		
		Develop and implement standardized supervisor oversight process to monitor compliance with ICWA policies. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	04/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	05/04 and ongoing		
Implement contract language changes to require due diligence in securing culturally competent service providers.	Sherri Haber	Contract language incorporated in current and future contracts.	7/03 and ongoing	07/03	Standardized language approved by HHS Legal Division regarding contractors use of due diligence in securing culturally competent staff was added as 'boiler plate' language to all contracts that were negotiated beginning July 1, 2003 and it is to be used for all future contracts.

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Conduct targeted foster parent /resource family recruitment campaign to reflect the ethnic and racial diversity of the children in State custody	Chris Hanus	Using N-FOCUS, analyze characteristics of children and foster parents to identify gaps in matching child needs with foster parent resources.	06/04		A recruitment and retention team of foster parents, resource development workers and other stakeholders have met on July 30-31, 2003 and October 15, 2003. A philosophical framework and a detail work plan were established.  In 11/03 data has been extracted from N-FOCUS. Analysis of data to establish targets for recruitment will begin in 1/04.
		Establish targets for recruitment	09/04		
		Design recruitment campaign in collaboration with the NRC's on Child Maltreatment and Foster Care and Permanency Planning.	09/04		
		Initiate recruitment campaign for the targeted needs, including recruitment of families that reflect the child's racial, cultural and ethnic background.	10/04		
Conduct training for resource families and staff.		Develop training in collaboration with NFAPA and the NRC's for Child Maltreatment and Foster Care and Permanency Planning and HHS Training Division	10/04		
		Train resource families regarding policy including racial, cultural, and ethnic backgrounds.	12/04		
		Train staff on written policy. Training to be conducted by managers.	12/04		
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	12/04		
		Policy Implemented	12/04		
Develop and implement methods to measure the availability of foster families/resource families to meet the racial, cultural and ethnic	Chris Hanus	Monitor progress quarterly to achieve recruitment goal.	01/05 and ongoing		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
needs of children.					
		Provide child welfare resource development staff and managers with reports on a monthly basis	06/04		
		Establish baseline to monitor the availability of racial, cultural and ethnic foster families/resource families to reflect the needs of children, families.	12/04		
		Establish targets for recruitment baseline	12/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	03/05 and ongoing		
Increase use of Family Group Conferencing to locate family members and maintain connections	Todd Reckling	Identify current utilization of family group conferencing through review of current contracts and numbers of families served.	12/03		<p>Extension Requested to 1/04. The Department has contracts with private agencies to provide traditional family group conferencing, as well as expedited family group conferencing, facilitation and mediation. These contracts are currently being examined along with producing numbers to identify families served. Request a change in the wording of the benchmark, eliminating the reference to number of families meeting the criteria for use of family group conferencing.</p> <p>Representatives from a Family Group Conferencing Center spoke at the Supervisor's Conference in Omaha on October 09, 2003 and explained FGC's, expedited FGC's, mediation, and facilitation that the Family Group Conferencing Centers are able to provide across the state as per their contracts with HHS. The purpose was to increase awareness and utilization of these services as a means to identify, locate and involve other family members and to maintain important familial connections.</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Identify targeted increase of family group conferencing to assist in locating family members or natural supports of family for placement opportunities based on current utilization.	03/04		
		Communicate to staff the availability and the expectation of meeting the targeted increase.	03/04		
		Develop and implement standardized supervisor oversight process to monitor compliance with using Family Group Conferencing connections. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	03/04		
Enhance N-FOCUS to capture data relating to placement of children and proximity to parents and school	Margaret Bitz	System Investigation Request to develop reports regarding proximity of children to parents and school	06/04		
		Change to current system code is made.	06/04		
		Code testing is completed and system is stable.	06/04		
		Submit release notes explaining the change and current requirements is posted to Lotus Notes for workers.	06/04		



**Item 15. Relative Placement**

**Goal Negotiated Measure; % of Improvement:** By 7-1-05, Nebraska will improve its efforts in locating possible relatives for placement from 67% of applicable cases reviewed to 75% of applicable cases reviewed.

**Baseline:** 67% established during CFSR

**Method of Measuring Improvement:** Nebraska CFSR

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Develop intake policy and practice that requires staff to gather information about non custodial parent and other relatives	Todd Reckling	Initiate pilot of new policy in the Eastern Service Area to assess practice issues related the new policy.	07/03	07/03	<p>New Policy direction was collaboratively developed through the Collaborative Case Practice (CCP) process. This group includes the Protection and Safety Administrators and Resource Development Administrators from across the State with key Central Office Administrators with consultation from the National Resource Centers (NRCs). Intake Policy issues were discussed at the CCP groups meeting's number 1, 2, 3, 4, and 5 with the NRC's for Family Centered practice and Child Maltreatment represented at each of these meetings. The CCP Leads (Todd Reckling and Michelle Eby co-leads for CCP Initiative) also met with Cathy Welsh from the Child Maltreatment NRC on July 31 and August 01, 2003 in Omaha to discuss safety and risk issues, and identification of non-custodial and other relatives during the Intake process. The new Intake Tool has a section for the worker to fill out regarding the non-custodial/absent parent. The specific question "Does the reporter have information about the child(ren)'s absent parent, other relatives, and other siblings not living in the home-include name, address, and phone numbers)" is on the new Intake tool.</p> <p>The Eastern Service Area (Omaha and Papillion) was selected as the "test pilot" site for the new Intake Report tool and specialized intake process. The "Intake Test Pilot" started on July 15, 2003 and ran until September 15, 2003.</p>
		Evaluate results of the pilot and make adjustments to policy and training as needed.	09/03	09/03	Continuous evaluation was conducted with appropriate adjustments to the new Intake Tool and process during the months of July, August, and September. CCP Leads had conference calls and went to Omaha in August and September to "debrief" with the Intake staff, supervisors, and administrators in the Eastern Service Area.
		Policy developed in collaboration with	09/03	07/03	New Policy direction was collaboratively developed through

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		the NRC's for Child Maltreatment and Family Centered Practice.			the Collaborative Case Practice (CCP) process. This group includes the Protection and Safety Administrators and Resource Development Administrators from across the State with key Central Office Administrators with consultation from the National Resource Centers (NRCs). Intake Policy issues were discussed at the CCP groups meeting's number 1, 2, 3, 4, and 5 with the NRC's for Family Centered practice and Child Maltreatment represented at each of these meetings. The CCP Leads (Todd Reckling and Michelle Eby co-leads for CCP Initiative) also met with Cathy Welsh from the Child Maltreatment NRC on July 31 and August 01, 2003 in Omaha to discuss safety and risk issues, and identification of non-custodial and other relatives during the Intake process. The new Intake Tool has a section for the worker to fill out regarding the non-custodial/absent parent. The specific question "Does the reporter have information about the child(ren)'s absent parent, other relatives, and other siblings not living in the home-include name, address, and phone numbers)" is on the new Intake tool.
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and NRC's.	10/03	11/03	Training was developed collaboratively. Mary Osborne, lead for the HHS training unit was present at the CCP meetings where the new "vision" for the Intake policy/guidebook and practice was discussed. CCP Leaders met with the trainers and CCFL staff on multiple occasions to develop and/or change current training curricula related to the Intake function. In addition to the training coming from the CCP, Jane Berdie with the National Resource Center for Family Centered Practice provided technical assistance on training. A hardcopy of the training handbook developed and shared with the Intake staff is being sent to the Federal Regional Office.
		Train staff on written policy. Training to be conducted by managers and supervisors.	11/03	11/03	The trainers, Central Office Administration, and all the other Service Area Protection and Safety Administrators presented Intake Training to the Omaha and Papillion Intake and Initial Assessment Administrators and Supervisors on July 10, 2003. The trainers, Todd Reckling CO administrator, and the Eastern Service Area PSA's (Maria Lavicky and Kathy Jones) delivered training to the Omaha/Papillion staff on July 14, 2003 in Omaha, NE. Training staff provided provided an additional seven days of over the shoulder training to staff in Omaha during July and August. The trainers, Todd Reckling,

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					Michelle Eby and other PSA's trained all the specialized intake supervisors and administrators from the intake sites on September 16, 2003 in Kearney, NE. All Specialized Intake Staff were trained on October 21, 2003 in Kearney, NE. On November 6, 2003 training was provided to new workers.
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	11/03	11/03	Sign-in sheets are maintained with training attendance records at the University of Nebraska Center for Children Families and the Law. The number of attendees attending these sessions included: 07/10/03: Specialized Intake Orientation Training- ESA P&S Administrators & Supervisors- Omaha with 33 trainees; 07/14/03: Specialized Intake Process Training- ESA P&S Intake Supervisors & Workers- Omaha with 22 trainees; 09/16/03: Specialized Intake Process Training- Statewide P&S Administrators & Supervisors- Kearney with 30 trainees; 10/21/03: Specialized Intake Process Training- Statewide P&S Supervisors & Workers- Kearney with 34 trainees; 11/06/03: Specialized Intake Process Training- New P&S Workers- Lincoln with 7 trainees
		Written policy disseminated through Administrative Memo.	11/03		Extension request to 02/04. Administrative Memorandum will be distributed 02/04. Currently operating under existing policy with additional guidance provided in Intake Desk Aid and through training.
Strengthen policy regarding diligent efforts to locate and assess non-custodial parents and as permanency resources and supports	Todd Reckling	Analyze lessons learned from Court Improvement Project pilot (Douglas County model court project, and the Lancaster and Sarpy County Court/agency collaboration project) regarding early identification of non-custodial parents and relatives as placement resources.	10/03		Extension requested to 03/04. Meeting between Court Improvement Project (CIP) and the department is scheduled in 12/03 to analyze lessons the CIP has learned from the model court project in regards to identification of non-custodial parents and relatives as placement resources.  In addition, the CCP has a strong interest and has identified this issue. Throughout their meetings, the CCP workgroup have specified that non-custodial parents need to identify as indicated above and then located and contacted, and involved. Then they are to have as much contact with a child in out-of-home care as is beneficial to the child's permanency objective and well-being as possible.  The new Intake Tool and that was implemented in Omaha in

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					July 2003 asks questions of the reporter regarding whether or not the non-custodial parent or other relative are known. If known, the reporter is asked to give as much identifying information as possible so the assessment worker can try to make contact with the person. The new emergency removal fact sheet that is in draft form asks the parent who has his / her child removed to identify the non-custodial parent and any other relatives that might be able to take the child for placement or become involved in the case and offer support to the family. Early identification of non-custodial parents and relatives will assist in placement stability and for visitation purposes.
		Policy developed in collaboration with the Court Improvement Project (CIP) and NRC's for Child Maltreatment and Family Centered Practice.	10/03		Request extension to 07/04 to incorporate lessons learned and allow for time to share and receive input from the CIP on the policies developed through the CCP. All aspects of CCP including intake, assessment, and case planning, and permanency planning have incorporated ways to not only identify, but to also involve non-custodial parents, and other relatives into the case. All work products and practices are designed around a family-centered practice model that requires that informal family supports and community supports and services be utilized as much as possible and in conjunction with more traditional and formal supports as necessary.
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and NRC's.	03/04		
		Train staff on written policy. Training to be conducted by managers and supervisors.	04/04		
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	04/04		
		Written policy disseminated through	04/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Administrative Memo Policy implemented statewide.	04/04		
Determine and implement methods to measure the extent to which relative and non-custodial information is being gathered	Todd Reckling	Provide supervisors and managers with copies of N-FOCUS reports on a monthly basis that identify placements with relatives and non-custodial.	07/02		Extension requested to 07/04. The Derived Placement report shows the number of children and youth placed in a 1) relative foster home and 2) relative foster home (licensed). The report also shows the number of children placed with a parent, but does not discern between the caretaker parent and the non-custodial parent. The Derived Placement Report is made available to the Protection and Safety Administrators in the service areas as well as Central Office Management staff and others on a monthly basis by Sherri Haber, Deputy Administrator.  This N-FOCUS report will need to be enhanced to specifically capture placement of a child with a non-custodial parent.
		Develop and implement standardized supervisor oversight process to monitor compliance regarding the extent to which relative and non-custodial information is being gathered. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	03/04		
		Conduct case reviews on a sample of cases to monitor the <i>extent</i> to which relative and non-custodial information is being gathered. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	07/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Establish baseline regarding the number of children placed with relatives and non-custodial.	09/04		
		Establish targeted improvements based on baseline.	09/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		
Increase use of Family Group Conferencing to assist in locating family members and increase placement with relatives	Todd Reckling	Identify current utilization of family group conferencing through review of current contracts and numbers of families served.	12/03		<p>Extension Requested to 1/04. The Department has contracts with private agencies to provide traditional family group conferencing, as well as expedited family group conferencing, facilitation and mediation. These contracts are currently being examined along with producing numbers to identify families served. Request a change in the wording of the benchmark, eliminating the reference to number of families meeting the criteria for use of family group conferencing.</p> <p>Representatives from a Family Group Conferencing Center spoke at the Supervisor's Conference in Omaha on October 09, 2003 and explained FGC's, expedited FGC's, mediation, and facilitation that the Family Group Conferencing Centers are able to provide across the state as per their contracts with HHS. The purpose was to increase awareness and utilization of these services for assistance with helping to identify, locate and involve family members so family members could be used as placement resources for children needing out-of-home care</p>
		Identify targeted increase of family group conferencing to assist in locating family members or natural supports of family for placement opportunities based on current utilization.	03/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Communicate to staff the availability and the expectation of meeting the targeted increase.	03/04		
		Develop and implement standardized supervisor oversight process to monitor compliance with use of Family Group Conferencing in locating family members as placement resources. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	03/04		

**Item 16. Relationship of child in care with parents**

**Goal Negotiated Measure; % of Improvement:** By 7-1-05, Nebraska will improve its efforts to support the parent-child relationship 55% of the applicable cases to 65%.

**Baseline:** 55% established during the CFSR

**Method of Measuring Improvement:** Nebraska CFSR and practice

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Strengthen policy and practice regarding diligent efforts to locate and assess non-custodial parents and relatives as permanency resources and supports.	Todd Reckling	Analyze lessons learned from Court Improvement Project pilot (Douglas County model court project, and the Lancaster and Sarpy County Court/agency collaboration project) regarding early identification of non-custodial parents and relatives as placement resources.	10/03		<p>Extension requested to 03/04. Meeting between Court Improvement Project (CIP) and the department is scheduled in 12/03 to analyze lessons the CIP has learned from the model court project in regards to identification of non-custodial parents and relatives as permanency resources and supports..</p> <p>In addition, the CCP has a strong interest and has identified this issue. Throughout their meetings, the CCP workgroup have specified that non-custodial parents need to identify as indicated above and then located and contacted, and involved. Then they are to have as much contact with a child in out-of-home care as is beneficial to the child's permanency objective and well-being as possible.</p> <p>The new Intake Tool and that was implemented in Omaha in</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					July 2003 asks questions of the reporter regarding whether or not the non-custodial parent or other relative are known. If known, the reporter is asked to give as much identifying information as possible so the assessment worker can try to make contact with the person. The new emergency removal fact sheet that is in draft form asks the parent who has his / her child removed to identify the non-custodial parent and any other relatives that might be able to take the child for placement or become involved in the case and offer support to the family. Early identification of non-custodial parents and relatives will assist in placement stability and for visitation purposes.
		Policy developed in collaboration with the Court Improvement Project (CIP) and NRC's for Child Maltreatment and Family Centered Practice.	10/03		Request extension to 7/04 to incorporate lessons learned and allow for time to share and receive input from the CIP on the policies developed through the CCP. All aspects of CCP including intake, assessment, and case planning, and permanency planning have incorporated ways to not only identify, but to also involve non-custodial parents, and other relatives into the case. All work products and practices are designed around a family-centered practice model that requires that informal family supports and community supports and services be utilized as much as possible and in conjunction with more traditional and formal supports as necessary.
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and NRC's.	03/04		
		Train staff on written policy. Training to be conducted by managers and supervisors.	04/04		
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	04/04		
		Written policy disseminated through	04/04		



Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Administrative Memo.			
		Policy implemented statewide.	04/04		
Strengthen policy and practice regarding visits between parents and children and between siblings including supervised and non-supervised visits. This would include encouraging parents to participate in medical appointment and school events.	Margaret Bitz	Policy developed by HHSS and in collaboration with the NRC's for Family Centered Practice and Foster Care and Permanency Planning	03/04		
		Training developed by HHS Staff.	09/04		
		Train staff on written policy. Training to be conducted by managers and supervisors.	12/04		
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	12/04		
		Written policy disseminated through Administrative Memo.	01/05		
		Policy implemented statewide.	01/05		
Develop a method to measure visits between children and their parents and siblings.	Margaret Bitz	Conduct case reviews on a sample of cases to monitor the quality of visits between children and their parents. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from	04/05		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.			
		Establish baseline on compliance with visitation policy.	04/05		
		Establish targeted improvements based on baseline	04/05		
		Develop and implement standardized supervisor oversight process to monitor compliance with visitation policy. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	12/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	04/05 and ongoing		
Develop and implement Resource Family model and policies to support and promote bonding and visitation between parents and children in resource family home	Chris Hanus	Design program in collaboration with the NFAPA and NRC's for Child Maltreatment and Foster Care and Permanency Planning.	06/04		
		Recruit and identify potential resource families to support and promote bonding and visitation between parents and children in resource family home.	09/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Conduct training for resource families and staff.		Develop training in collaboration with NFAPA and the NRC's for Child Maltreatment and Foster Care and Permanency Planning and HHS Training Division	10/04		
		Train resource families regarding policy including racial, cultural, and ethnic backgrounds.	12/04		
		Train staff on written policy. Training to be conducted by managers.	12/04		
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	12/04		
		Policy Implemented	12/04		
		Monitor progress quarterly to achieve recruitment goal.	01/05 and ongoing		
Collaborate with the Nebraska Children and Families Foundation on the Fatherhood Initiative.	Chris Hanus	Renew contract with Nebraska Children and Families Foundation for a Fatherhood Initiative.	11/03	12/03	The contract with Nebraska Children and Families Foundation was renewed in 12/03 with an effective date of November 1, 2003. This contract includes support of the fatherhood initiative.
		Send communication to fathers of state wards about fatherhood initiative and available resources in collaboration with the Nebraska Children and Families Foundation.	12/03		Request Extension to 2/04. Since the contract was renewed in 12/03 for 11/03, this will allow the Nebraska Children and Families Foundation and opportunity to compose and send a letter to fathers of state wards communicating the available resources to them.
		Conduct in-service training for staff across the state on fatherhood initiative. Training to be conducted by the Nebraska Children and Families Foundation.	06/04		
		Research other states' supports for non-custodial fathers to identify tools and resources	06/04		

**Outcome WB1: Families have enhanced capacity to provide for their children's needs.**

**GOAL:** By 7-1-05, Nebraska will increase its efforts in enhancing families capacity to provide for the children's needs from 32% of the applicable cases reviewed to 50%.

**Evaluation method:** Nebraska CFSR

**Baseline:** 32% established during the Federal CFSR

**Item 17. Needs and services of child, parents, foster parents**

**Goal Negotiated Measure; % of Improvement:** By 7-1-05, Nebraska will increase its ability to adequately assess the needs and provide appropriate services to children, parents and foster parents from 56% of the applicable cases reviewed to 65%.

**Baseline:** 56% established during the Federal CFS Review.

**Method of Measuring Improvement:** Nebraska CFSR

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Strengthen policy and practice on comprehensive assessments to assess the needs of the entire family.	Todd Reckling	Policy developed in collaboration with the NRC's for Child Maltreatment, Foster Care and Permanency Planning and Family Centered Practice.	09/03		Extension Request to 7/04. The CCP team decided the parameters for what they felt the comprehensive assessment needed to accomplish in terms of quality and timeliness of completion of the actual assessment that address children's critical relationships and connections based on a family centered model approach. Comprehensive Assessment issues were discussed at CCP group meetings 1, 2, 3, 4, and 5 with NRC's for Family Centered practice and Child Maltreatment represented at each of these meetings. Todd Reckling and Michelle Eby co-leads for CCP Initiative worked with two designated supervisors, one from the ESA, Carla Crook, and one from the CSA (Northern Tier), Sharyn Hjorth to develop the comprehensive assessment details. This group met in the month of June in Columbus, NE and in Lincoln. Todd Reckling and Michelle Eby co-leads for CCP Initiative have also continued to work on the comprehensive assessment since August 2003 and continue to do so presently. The comprehensive assessment is not yet finalized. The CCP group has discussed the timeliness of the assessment and it has been proposed that the assessment be completed within either 45 or 60 days. The time frame has not yet been finalized as there is concern about the workload issues. The quality aspect is still being refined. The intent of the assessment was to gather as much pertinent information as possible to thoroughly address safety and risk factors, the child's vulnerability and to comprehensively understand the protective capacities of the parent/caretaker. A deeper understanding of how any issues of Domestic Violence, Substance Abuse and Mental Health play

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					into the family dynamics and the safety of the child was desired. The additional quality and completeness of the assessment requires more time to complete the instrument so a further workload analysis needs to be completed.
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and NRC's.	11/03		Extension requested 07/04. Todd Reckling and Michelle Eby co-leads for CCP Initiative have been meeting with the HHS Training Unit regarding the Comprehensive Assessment during the months of August-October, 2003. Training staff designated as being responsible for future training on the comprehensive assessment were present at these meetings. Trainers present were as follows: Sandy Carmichael, Brian Poppe, Shelley Johnson, Paulette Wathen, and Mary Osborne. The Trainers were trained on Family Centered Practice "Wrap Around" Principles and approaches on August 14, 2003. The trainers also met or had calls with Todd Reckling and Michelle Eby co-leads for CCP Initiative on numerous occasions throughout the months of August, September and October to discuss the new conceptual design for the comprehensive assessment and to begin to design training curricula. Training on the comprehensive assessment's conceptual design was delivered to the supervisors from the designated test sites on October 29, and November 19, 2003. Mary Osborne, lead for the HHS training unit was present at the CCP meetings where the new vision for the comprehensive assessment was discussed. Changes continue to be made to the comprehensive assessment and the actual tool has not yet been finalized.
		Train staff on written policy. Training to be conducted by managers and supervisors.	12/03		Extension Request to 7/04. Training on the comprehensive assessment's conceptual design was delivered to the supervisors from the designated test sites on October 29, and November 19, 2003. Some of the Central Office program specialists that will be working with programs impacted by the comprehensive assessment were included in the comprehensive assessment training that occurred on October 29, 2003. Central Office staff will receive additional training on family-centered practice and the comprehensive assessment in January 2004. A training date for workers has not been set at this time.
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	12/03		Sign-in sheets are maintained with training attendance records at the University of Nebraska Center for Children Families and the Law.

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Written policy disseminated through Administrative Memo.	12/03		Extension request to 01/04. Administrative Memorandum will be distributed 01/04. Currently operating under existing policy with additional guidance provided in Intake Desk Aid and through training
		Policy implemented statewide.	01/04		Extension Request to
Develop and implement methods to measure quality and timeliness of comprehensive assessments.	Todd Reckling	Provide supervisors and managers with N-FOCUS report on monthly basis	03/04		
		Develop and implement standardized supervisor oversight process to monitor compliance with quality and timeliness of comprehensive assessments. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	03/04		
		Conduct case reviews on a sample of cases to determine the quality and timeliness of comprehensive assessments. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	03/04		
		Establish baselines to monitor the quality and timeliness of comprehensive assessments.	03/04		
		Establish targeted improvements based	03/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		on baseline			
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	03/04 and ongoing		
Conduct service array pilot in two areas using National Family Centered Practice model that will identify service needs, gaps and improvements needed to address timely initiation of services; assure the ability to offer needed services; develop in-home services and reduce service waiting lists.	Chris Hanus	Select service array pilot sites	03/04		
		Select staff to conduct service array assessment	03/04		
		Complete assessment including: community/neighborhood prevention, early intervention services; investigative, assessment functions; home-based interventions/services; out-of-home reunification/permanency services; child welfare system exits/services	06/04		
		Finalize and report results that list the gaps or improvements needed for services in that area	09/04		
		Develop and implement plan to fill	12/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		gaps or improve existing services			
		Monitor effectiveness of plan by using multiple QA functions in assessing for gaps in services, and provision of services.	03/05		
		Expand model to remaining service areas	06/05		
Strengthen case planning policy and practice to assure that needed services are identified in the comprehensive assessment process and provided to the family as well as the non-custodial parent.	Margaret Bitz	Policy developed in collaboration with the NRC's for Child Maltreatment, Foster Care and Permanency Planning and Family Centered Practice	09/03		<p>Request extension to <i>07/04</i>. It is necessary to make decisions on the flow of work prior to developing the policies. Based on work done by the Comprehensive Assessment Process Team, HHS has established a clear philosophy and basis for all work done in Protection and Safety. That philosophy now is being used to revamp the system in Nebraska, beginning with Intake. The second phase, Comprehensive Case Assessment, has begun the process of developing the work process and policies. Case planning will be a part of that work.</p> <p>The CCP group has identified services that are needed throughout the case. There is an emphasis placed on informal and community-based supports and services. Involvement of the non-custodial parent and other relatives for services and supports to the family are stressed in the new assessment process and service identification based on a family-centered approach. (GGO, 11/25/03) Service provision is currently collected in NCANDS. Additional analysis is needed to perfect its collection.\</p>
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families and the Law (CCFL) and NRC's	11/03		<p>Extension date requested to <i>08/04</i>. The same services that have been offered by HHS will remain available such as intensive family preservation, family support, individual and family therapy, etc. In addition, HHS will diligently work to involve kinship care into service delivery. Piloting of the comprehensive assessment with the use of more family supports will be test piloted in February 2004. Training is in the development stages at this time.</p>



Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Train staff on written policy. Training to be conducted by managers and supervisors.	12/03		
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	12/03		
		Written policy disseminated through Administrative Memo.	12/03		
		Policy implemented statewide.	01/04		
Develop and implement a method to monitor case plans to assure that needed services are identified in the comprehensive assessment process and being provided to the family	Margaret Bitz	Conduct case reviews on a sample of cases to monitor case plans to assure needed services are identified in the comprehensive assessment process and then being provided to the family. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	03/04		Service provision is currently collected in NCANDS. Additional analysis is needed to perfect its collection and will be complete by 3/04 to allow for monitoring of case plans to assure needed services are identified in the comprehensive assessment and the being provided to the family.
		Develop and implement standardized supervisor oversight process to monitor compliance involving appropriate people in the case planning process. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	03/04		
		Establish baseline on the involvement of appropriate people in case planning.	03/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Establish targeted improvements based on baseline	03/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	03/04		
Develop and provide supports to foster, relative and adoptive parents to meet identified needs.	Chris Hanus	Renew contract with the Nebraska Foster Parent Association to provide mentoring supports.	07/03	07/03	Completed contract renewal effective July 1, 2003.
		Conduct foster parent surveys in collaboration with NFAPA.	10/03		Extension Requested to 1/04. A foster parent satisfaction survey was developed in collaboration with the Nebraska Foster and Adoptive Parents Association in April and May of 2003. The survey will be mailed to current foster and adoptive parents in January 2004. Returned surveys were tallied and a composite report of results will be available in May of 2004. In addition, NFAPA surveys foster parents exiting the system. A report is available on data collected from January 2003 through September 2003. This survey was developed in collaboration with the Department and NFAPA.
		Analyze information from the foster parent survey to identify retention needs and determine improvement strategies	12/03		
		Establish baseline of foster parent satisfaction identified through the survey in collaboration with NFAPA.	12/03		
		Establish targeted improvements based on baseline	12/03		
		Redesign respite care support program which will include addressing safety	06/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		issues.			
		Implement respite care support program.	06/04		
		Reassess foster parent satisfaction by conducting follow-up surveys.	07/04 and ongoing		
Collaborate with the Nebraska Children and Families Foundation on the Fatherhood Initiative.	Chris Hanus	Renew contract with Nebraska Children and Families Foundation for a Fatherhood Initiative.	11/03		The contract with Nebraska Children and Families Foundation was renewed in 12/03 with an effective date of November 1, 2003. This next year's contract includes the fatherhood initiative.
		Send communication to fathers of state wards about fatherhood initiative and available resources in collaboration with the Nebraska Children and Families Foundation.	12/03		Request Extension to 2/04. Since the contract was renewed in 12/03 for 11/03, this will allow the Nebraska Children and Families Foundation and opportunity to compose and send a letter to fathers of state wards communicating the available resources to them.
		Conduct in-service training for staff across the state on fatherhood.	06/04		
		Research other states supports for non-custodial fathers to identify tools and resources.	06/04		
Collaborate with the Doral Group, Inc. who will work in conjunction with the Center for Marriage and the Family at Creighton University.	Margaret Bitz	Contract with The Doral Group, Inc.	08/03	07/03	<p>Initial contract with Doral Group in July of 2003 to write a grant proposal for Healthy Marriage Initiative funds. Nebraska was awarded a 3 year grant from September 2003 to September 2006 at \$200,000 per year. The "kick-off" event sponsored by Governor Johanns at the Governor's Mansion was held in 11/03. Federal ACF representatives, Congressional representatives, State legislators and representatives, State agency and County representatives were in attendance.</p> <p>Held planning meeting with grant partners on October 5, 2003.</p> <p>HHS and the Doral Group now are beginning work to implement the grant activities. This contract was signed by Ron Ross on November 28, 2003.</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					Attended ACF grantees conference in Washington DC on December 8-10, 2003.
		Request technical assistance from Regional ACF.	10/03	6/03	HHS and the Doral Group have received and will continue to utilize TA from ACF, both at the Regional and National level.

**Item 18. Child and family involvement in case planning**

**Goal Negotiated Measure; % of Improvement:** By 7-1-05, Nebraska will increase children and family involvement in case planning from 26% of the applicable cases reviewed to 55%.

**Baseline:** 26% established during the CFSR

**Method of Measuring Improvement:** Nebraska CFSR

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Strengthen policy and practice regarding diligent efforts to locate and assess non-custodial parents and relatives to appropriately involve in case planning	Todd Reckling	Analyze lessons learned from Court Improvement Project pilot (Douglas County model court project and, the Lancaster and Sarpy County Court/agency collaboration project) regarding early identification of non-custodial parents and relatives as placement resources.	10/03		<p>Extension requested to 07/04. Meeting between Court Improvement Project (CIP) and the department is scheduled in 12/03 to analyze lessons the CIP has learned from the model court project in regards to identification of non-custodial parents and relatives as placement resources.</p> <p>In addition, the CCP has a strong interest and has identified this issue. Throughout their meetings, the CCP workgroup have specified that non-custodial parents need to identify as indicated above and then located and contacted, and involved. Then they are to have as much contact with a child in out-of-home care as is beneficial to the child's permanency objective and well-being as possible.</p> <p>A small workgroup developed a draft Emergency Removal Fact Sheet to accomplish this time frame.</p> <p>The new Intake Tool and that was implemented in Omaha in July 2003 asks questions of the reporter regarding whether or not the non-custodial parent or other relative are known. If known, the reporter is asked to give as much identifying</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					information as possible so the assessment worker can try to make contact with the person. The new emergency removal fact sheet that is in draft form asks the parent who has his / her child removed to identify the non-custodial parent and any other relatives that might be able to take the child for placement or become involved in the case planning and offer support to the family. Early identification of non-custodial parents and relatives will assist in placement stability and family participation in case planning.
		Policy developed in collaboration with the Court Improvement Project (CIP) and NRC's for Child Maltreatment and Family Centered Practice	10/03		Request extension to 07/04 to incorporate lessons learned and allow for time to share input from CIP on policies developed through the CCP. All aspects of CCP including intake and assessment and other incorporate way to identify and involve non custodial parents and other relatives in the case. All work products and practices are designed around family centered practice that requires informal family supports and community supports and services to be used as much as possible collaboration with the NRC for Family Centered Practice and Foster Care and Permanency Planning.. Policy/Guidebook will be developed in collaboration with the Court Improvement Project (CIP) and NRC's for Child Maltreatment and Family Centered Practice
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and NRC's.	03/04		<i>Request extension to 07/04</i>
		Train staff on written policy. Training to be conducted by managers and supervisors.	03/04		<i>Request extension to 07/04</i>
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	03/04		<i>Request extension to 07/04</i>
		Written policy disseminated through Administrative Memo.	04/04		<i>Request extension to 07/04</i>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Policy implemented statewide.	04/04		<i>Request extension to 07/04</i>
Develop and implement methods for measuring policy on early identification and assessment of non custodial parents and relatives to appropriately involve in case planning	Todd Reckling	Provide supervisors and managers with copies of N-FOCUS reports on a monthly basis that identify placements with relatives and non-custodial parent.	03/04		
		Develop and implement standardized supervisor oversight process to monitor compliance with early identification of non-custodial parents and relatives to appropriately involve in case planning. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	03/04		
		Establish baseline regarding the number of children placed with relatives and non-custodial.	07/03		Extension requested to 07/04. The Derived Placement report shows the number of children and youth placed in a 1) relative foster home and 2) relative foster home (licensed). The report also shows the number of children placed with a parent, but does not discern between the caretaker parent and the non-custodial parent. The Derived Placement Report is made available to the Protection and Safety Administrators in the service areas as well as Central Office Management staff and others on a monthly basis by Sherri Haber, Deputy Administrator.  This N-FOCUS report will need to be enhanced to specifically capture placement of a child with a non-custodial parent so they can be included in case planning.
		Establish quarterly targeted improvements based on baseline	07/03		Extension requested to 07/04. We need to establish baselines based on findings.
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by	07/03and ongoing		Extension requested to 07/04. Protection and Safety Administrators are responsible for oversight regarding supervisors and the assignment of Intake Reports to the assessment units. New QA administrator hired in October.

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.			The 3 QA Unit Managers (1 for each of the service areas) were advertised for the weekend of November 22-23. The QA administrator is starting to work with the CCP team to develop measurement standards on the different case functions such as Intake, Assessment, Case Planning, etc. QA will also work with the "proactive supervision" initiative to identify areas best monitored through direct supervision.
Strengthen case planning policy and practice to assure that children, parents and support networks are included in initial case plan development and ongoing reassessment of the case plan	Margaret Bitz	Policy developed in collaboration with the NRC's for Family Centered Practice and Foster Care and Permanency Planning	03/04		
		Training developed in collaboration with the NRC and HHS Training Division. Training will include how to engage parents in case planning.	05/04		
		Train staff on written policy. Training to be conducted by managers and supervisors.	07/04		
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	07/04		
		Written policy disseminated through Administrative Memo.	07/04		
		Policy implemented statewide.	07/04		
Develop and implement methods for measuring policy on involvement of the appropriate people in	Margaret Bitz	Conduct case reviews on a sample of cases to monitor the involvement of the appropriate people in the case planning process. Program staff from the Office	07/04		

<b>Action Steps</b>	<b>Lead Responsibility</b>	<b>Benchmarks</b>	<b>Date Projected</b>	<b>Date Actual</b>	<b>Progress Report</b>
the case planning process		of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.			
		Develop and implement standardized supervisor oversight process to monitor compliance with case planning policy. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	07/04		
		Establish baseline on the appropriate involvement of people in the case planning process.	09/04		
		Establish targeted improvements based on the baseline.	09/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		
Develop and implement methods for measuring quality of case plans.		Identify standards of quality and methods of measurement of quality of case plans.	07/04		
		Develop and implement standardized supervisor oversight process to monitor compliance with having quality case plans. Process will include time frames	07/04		



Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		for supervisor's reconciliation of reports, and timeframe for development of corrective action plan			
		Implement methods of measurement on the quality of case plans.	09/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		
In collaboration with contracted family organizations conduct a survey with bio families regarding whether or not they have been invited to and actively participate in case planning hearings and case review processes.	Todd Reckling	Develop survey in collaboration with family organizations.	03/04		
		Conduct survey to determine if bio-families have been invited to and participate in case planning hearings and case review processes.	05/04		
		Establish baselines to determine whether or not bio- families have been invited to and participate in case planning hearings and case review processes.	06/04		
		Communicate with the staff, CIP and the Foster Care Review Board [FCRB] the results of the survey.	06/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Conduct annual follow-up surveys to determine family involvement in being invited and actively participating in case planning hearings and case review processes.	06/05 and ongoing		
Incorporate wrap around principals into all policy revisions including decisions and linkages, initial safety check, discovering strengths, and convening a family team.	Todd Reckling	In collaboration with the NRC's, all policies are developed and strengthened to incorporate the wrap around principals.	02/03 and ongoing	02/03 to 10/03	<p>Direction for the use of the principles of family centered practice in policy was collaboratively developed through the Collaborative Case Practice (CCP) process from February – October 2003. This group includes the Protection and Safety Administrators and Resource Development Administrators from across the State with key Central Office Administrators with consultation from the National Resource Centers (NRCs). Family Centered Practice issues such initial safety check, discovering strengths, and convening a family team.were discussed at the CCP groups meeting's number 1, 2, 3, 4, and 5 with the NRC's for Family Centered practice and Child Maltreatment represented at each of these meetings. The CCP Leads (Todd Reckling and Michelle Eby co-leads for CCP Initiative) met with Cathy Welsh from the Child Maltreatment NRC on July 31, and August 01, regarding safety issues from a family centered approach. Todd Reckling and Michelle Eby co-leads for CCP Initiative also met with Janyce Fenton from Colorado on August 08 to discuss case planning and how to identify and incorporate the family's and child's strengths during case planning and assessment.</p> <p>Draft tools for a family centered comprehensive assessment, case plan, court report, and convening a family team meeting have been developed, but not finalized.</p>
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and NRC's.	10/03		Extension requested to 07/04. Training to include decisions and linkages, initial safety check, discovering strengths, and convening a family team. is still being revised based on family-centered practice principles. Training that was delivered for Intake included a family centered approach in the method and type of information being collected from the reporter about the family. Family-Centered Practice Training was delivered to the training unit on August 14, 2003 with 5 of the trainers. Family Centered Practice Training was also delivered to the supervisors targeted to pilot the

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					comprehensive assessment on October 29, 2003 and November 19, 2003. Some of the Central Office Program Specialists attended the training on October 29, 2003. Additional family centered practice training will be delivered to the pilot site supervisors and central office staff in January 2004. It is still not determined with all workers will receive family centered practice training. The Western Service Area has individually been training staff from its service area regarding family centered practice approaches.
Develop a handbook for families of children involved with Protection and Safety to assure that families understand the system, their rights and responsibilities and supports available to them.	Todd Reckling	Contract with the Federation of Families to develop a handbook for families and children involved with Protection and Safety.	09/02	09/02	A contract with the Federation of Families was signed by Ron Ross and The Federation on September 13, 2002
		Determine protocol for distribution of the handbook in collaboration with the Federation of Families.	09/03		Extension Request to 2/04. The handbook has been sent back to the Federation on several occasions for corrections and revisions. This project is not yet completed. The handbooks will be distributed in February 2004 by HHS staff and the 6 Families Mentoring Families Agencies to families that the Family Agencies are involved with and by HHS caseworkers to families who have contact with the HHS system.
		Cover letter and handbook distributed to HHS staff and partners	01/03		Extension Requested 02/04

**Item 19. Worker visits with child**

**Goal Negotiated Measure; % of Improvement:** By 7-1-05 Protective Service Workers will increase monthly visitation with children from 60% of the applicable case reviewed to 75%.

**Baseline:** 60% established during the CFSR

**Method of Measuring Improvement:** N-FOCUS

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Strengthen policy and practice to mandate monthly worker visits at a minimum with children and families (foster and	Margaret Bitz	Policy developed by HHSS.	09/02	08/02	In July & August 2002 policy mandating a minimum of monthly contact between a worker & youth, parent and out of home care provider was developed. 08-30-2002 a Program Memo was issued requiring staff to have monthly in-home contact with state wards.

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
biological) or more frequently based on identified needs to ensure safety of children					10-30-02 a revised Program Memo was issues which clarified specifics regarding monthly contacts with youth.
		Training developed by HHS Staff.	09/02	09/02	09-02 Supervisors and administrative staff were asked to review this memo with staff, outline the front line work issues and how to enter the information on the data system. The Training Unit incorporated this policy into their new worker and on-going training.
		Train staff on written policy and includes what constitutes a quality visit. Training to be conducted by managers and supervisors.	09/02	09/02	09-02 Supervisors and administrative staff reviewed this memo with staff, outlined the front line work issues and how to enter the information on the data system. The Training Unit incorporated this policy into their new worker and on-going training.
		Written policy disseminated through Administrative Memo.	09/02	09/02	08-2002 Administrative Memo sent to staff outlining the new policy.
		Policy implemented statewide.	09/02	09/02	08-2002 Policy Implemented statewide based on the Administrative memo sent 08-02. Implementation was effective immediately so that all youth had their first required monthly contact by 09-30-2002.
Develop and implement methods to monitor worker visits with children and families.	Margaret Bitz	Develop N-FOCUS reports that assist supervisors and managers in tracking worker visitation with children and families.	11/02	11/02	11-2002 reports were developed for staff, supervisors and managers to track monthly contact with youth and families.
		Develop and implement standardized supervisor oversight process to monitor compliance with visitation policies. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	09/03	11/02	<p>11/02 reports are sent to staff, supervisors and managers monthly.</p> <p>A major initiative emerged from the CCP process. This is "proactive supervision" that is modeled after a project in Hamilton County Ohio. The same person who provided assistance in getting that project operational is working with HHS to implement it in Nebraska. One significant factor involved in the proactive supervision is that the supervisors routinely review a consistent set of factors regarding cases and this may include this particular compliance issue particularly as it relates to quality of visits. The proactive supervisor process in Nebraska includes the following activities:  <b>February 25-27, April 7-8, May 28-30, July 15-17, 2003</b></p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p>CCP Team received several presentations on proactive supervision and material from the National Resource Center consultant, Carole Smith who worked with Hamilton Co, Ohio and continues to work with the NE supervisors.</p> <p><b>March 2003</b> Supervisor workgroup members named by Protection and Safety Administrators; members asked to respond to survey tool describing in detail their tasks and time spent on each in order to get baseline of current supervisory duties in Nebraska.</p> <p><b>5/16/03</b> First supervisory workgroup meeting in Kearney all day; involved 8 supervisors representing all three service areas, and key Central Office staff from Program and Human Resources, and Michelle Graef/Megan Potter from UNL-CCFL; discussed supervisory role in intake process and time in current activities, re-prioritization of supervisor's time.</p> <p><b>5/29/03</b> (at CCP meeting) Supervisor workgroup was formally requested to examine Carole Smith's proactive structured supervision model and make recommendations regarding possible implementation in Nebraska.</p> <p><b>6/23/03</b> All day Sarpv. Group meeting in Kearney. Time spent learning about the model, and included a conference call with Carole Smith for approximately 1 hour during the meeting. Continued discussion of current supervisory practice in Nebraska and challenges faced in implementing change.</p> <p><b>7/15, 16, 17, 2003</b> (at CCP meeting) Discussions of model, additional presentation by Carole Smith, discussion of plan for implementation of model in Nebraska.</p> <p><b>7/18/03 Meeting</b> of supervisor workgroup all day in Kearney. Worked with Carole Smith to learn more about proactive supervision. Carole created a genogram on a local Nebraska case. This was a major turning point in the project, and generated much excitement and enthusiasm among all team members.</p> <p><b>7/20 – 8/10, 2003</b> Determined that subgroup of NE supervisors workgroup should go to Hamilton County, Ohio to experience proactive supervision first-hand.</p> <p><b>8/12 &amp; 13, 2003</b> Four Nebraska supervisors traveled to Hamilton County, OH to learn more about proactive structured supervision from their supervisors, with on-site facilitation provided by Carole Smith.</p> <p><b>8/18 &amp; 19, 2003</b> Supervisor workgroup meeting in Kearney.</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p>The four workgroup members who traveled to Ohio brought back information and enthusiastically shared what they'd learned with the rest of the group. The team worked on adaptation of the Ohio forms they had brought back, and discussed how the process would work in Nebraska. Developed and presented recommendations for the implementation next steps and supports needed to the Protection and Safety Administrators Team, which was meeting in Kearney at the same time.</p> <p><b>9/3 &amp; 4, 2003</b> CCP meeting in Kearney. Continued work with Carole Smith on implementation of proactive supervision in Nebraska. Michelle Graef meeting in evening with Carole Smith and Mary Osborne to discuss issues in implementation.</p> <p><b>9/5</b> Supervisor workgroup meeting in Kearney. Follow-up from CCP meeting. Information from Todd Reckling and Michelle Eby co-leaders of the CCP Initiative regarding comprehensive assessment and integration of this with proactive supervision model. Continued work on forms for Nebraska and planning for presentation at Supervisors' statewide conference to be held in October.</p> <p><b>9/17 &amp; 18, 2003</b> Carole Smith here for consultation in Kearney with supervisor workgroup all day on 18th. Michelle Graef/Megan Potter meeting with Carole in evening of 17<sup>th</sup> with some of the supervision workgroup members. Continued the group's learning about the model. Modification of some of the draft forms. Developed strategy and presentation for upcoming supervisor's conference. Discussed next steps in implementation.</p> <p><b>10/7 &amp; 8, 2003</b> Statewide Supervisor's Conference in Omaha. Carole Smith and 5 supervisors from Hamilton County, Ohio traveled to Nebraska and did presentations to all NE supervisors about proactive supervision including demonstration of a genogram and clinical case review process. The eight supervisor members of the workgroup participated in panel discussions and small group breakout sessions to facilitate rest of the state's supervisor's introduction to the concepts of the model and to answer their questions.</p>
		Provide supervisors and managers with report on monthly basis	11/02	11/02	Each month the Deputy Administrator forwards a tracking report to supervisors and administrators. This report outlines the youth who have had a contact for the month in question

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					and those who have not. Supervisors and administrators are notified at that time the 'due' date to have this information added to the data system in order for the 'contact' to count. The Deputy Administrator also forwards monthly reports outlining the status for the month regarding compliance. If the monthly percentage has not equaled or exceeded the previous month numbers, a corrective action plan is developed to ensure that we are working towards meeting the goal of 90% compliance. This corrective action plan may be done at any level within the organization.
		Establish baseline to monitor that workers have monthly contact at a minimum or more frequently based on identified needs with every child and family.	07/03		03-04 extension date requested. QA staff are not yet on board to assist in developing a formal process.
		Establish targeted improvements based on baseline.	07/03 and ongoing		11-2002 reports were developed for staff, supervisors and managers to track monthly contact with youth and families
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	7/03 and ongoing		Corrective action plans have been put in place where compliance with increasing the monthly contact with youth has not occurred.
Develop and implement methods for measuring the quality of visits	Margaret Bitz	Conduct case reviews on a sample of cases to determine if visits focus on issues pertinent to case planning, service delivery, goal attainment, and safety. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	07/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Develop and implement standardized supervisor oversight process to monitor compliance with visitation policy. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	09/04		
		Establish baseline on quality of visits.	09/04		
		Establish targeted improvements based on baseline	09/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		

**Item 20. Worker visits with parents**

**Goal Negotiated Measure; % of Improvement:** By 7-1-05, Protective Service Workers will increase monthly visitation with parents from 44% of the applicable case reviewed to 65%.

**Baseline:** 44% established during the Federal CFS Review

**Method of Measuring Improvement:** N-FOCUS

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Strengthen policy and practice to identify the components of quality visits and mandate monthly visits, at a minimum, with children and families (foster and biological) or more frequently based on identified needs to	Margaret Bitz	Policy developed by HHSS.	09/02	08/02	In July & August 2002 policy mandating a minimum of monthly contact between a worker & youth, parent and out of home care provider was developed. 08-30-2002 a Program Memo was issued requiring staff to have monthly in-home contact with state wards. 10-30-02 a revised Program Memo was issues which clarified specifics regarding monthly contacts with youth.



Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
ensure safety, well-being and permanence of children					
		Written policy disseminated through Administrative Memo.	09/02	09/02	09-02 Supervisors and administrative staff were asked to review this memo with staff, outline the front line work issues and how to enter the information on the data system. The Training Unit incorporated this policy into their new worker and on-going training.
		Training developed by HHS Staff.	09/02	09/02	09-02 Supervisors and administrative staff reviewed this memo with staff, outlined the front line work issues and how to enter the information on the data system. The Training Unit incorporated this policy into their new worker and on-going training.
		Train staff on written policy. Training to be conducted by managers and supervisors.	09/02	09/02	08-2002 Administrative Memo sent to staff outlining the new policy.
		Policy implemented statewide.	09/02	09/02	08-2002 Policy Implemented statewide based on the Administrative memo sent 08-02. Implementation was effective immediately so that all youth had their first required monthly contact by 09-30-2002.
Design monthly N-FOCUS report to monitor worker visits with children and family	Margaret Bitz	Develop N-FOCUS reports that assist supervisors and managers in tracking visitation with children and families.	11/02	11/02	11-2002 reports were developed for staff, supervisors and managers to track monthly contact with youth and families.
		Develop and implement standardized supervisor oversight process to monitor compliance with visitation policies. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	09/03	11/02	Each month the Deputy Administrator forwards a tracking report to supervisors and administrators. This report outlines the youth who have had a contact for the month in question and those who have not. Supervisors and administrators are notified at that time the 'due' date to have this information added to the data system in order for the 'contact' to count. The Deputy Administrator also forwards monthly reports outlining the status for the month regarding compliance. If the monthly percentage has not equaled or exceeded the previous month numbers, a corrective action plan is developed to ensure that we are working towards meeting the goal of 90% compliance. This corrective action plan may be done at any level within the organization monthly.  A major initiative emerged from the CCP process. This is

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p>“proactive supervision” that is modeled after a project in Hamilton County Ohio. The same person who provided assistance in getting that project operational is working with HHS to implement it in Nebraska. One significant factor involved in the proactive supervision is that the supervisors routinely review a consistent set of factors regarding cases and this may include this particular compliance issue particularly as it relates to the quality dimension of visits. The proactive supervisor process in Nebraska includes the following activities:</p> <p><b>February 25-27, April 7-8, May 28-30, July 15-17, 2003</b> CCP Team received several presentations on proactive supervision and material from the National Resource Center consultant, Carole Smith who worked with Hamilton Co, Ohio and continues to work with the NE supervisors.</p> <p><b>March 2003</b> Supervisor workgroup members named by Protection and Safety Administrators; members asked to respond to survey tool describing in detail their tasks and time spent on each in order to get baseline of current supervisory duties in Nebraska.</p> <p><b>5/16/03</b> First supervisory workgroup meeting in Kearney all day; involved 8 supervisors representing all three service areas, and key Central Office staff from Program and Human Resources, and Michelle Graef/Megan Potter from UNL-CCFL; discussed supervisory role in intake process and time in current activities, re-prioritization of supervisor’s time.</p> <p><b>5/29/03</b> (at CCP meeting) Supervisor workgroup was formally requested to examine Carole Smith’s proactive structured supervision model and make recommendations regarding possible implementation in Nebraska.</p> <p><b>6/23/03</b> All day Sarpv. Group meeting in Kearney. Time spent learning about the model, and included a conference call with Carole Smith for approximately 1 hour during the meeting. Continued discussion of current supervisory practice in Nebraska and challenges faced in implementing change.</p> <p><b>7/15, 16, 17, 2003</b> (at CCP meeting) Discussions of model, additional presentation by Carole Smith, discussion of plan for implementation of model in Nebraska.</p> <p><b>7/18/03</b> Meeting of supervisor workgroup all day in Kearney. Worked with Carole Smith to learn more about proactive supervision. Carole created a genogram on a local Nebraska</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p>case. This was a major turning point in the project, and generated much excitement and enthusiasm among all team members.</p> <p><b>7/20 – 8/10/03</b> Determined that subgroup of NE supervisors workgroup should go to Hamilton County, Ohio to experience proactive supervision first-hand.</p> <p><b>8/12 &amp; 13, 2003</b> Four Nebraska supervisors traveled to Hamilton County, OH to learn more about proactive structured supervision from their supervisors, with on-site facilitation provided by Carole Smith.</p> <p><b>8/18 &amp; 19, 2003</b> Supervisor workgroup meeting in Kearney. The four workgroup members who traveled to Ohio brought back information and enthusiastically shared what they'd learned with the rest of the group. The team worked on adaptation of the Ohio forms they had brought back, and discussed how the process would work in Nebraska. Developed and presented recommendations for the implementation next steps and supports needed to the Protection and Safety Administrators Team, which was meeting in Kearney at the same time.</p> <p><b>9/3 &amp; 4, 2003</b> CCP meeting in Kearney. Continued work with Carole Smith on implementation of proactive supervision in Nebraska. Michelle Graef meeting in evening with Carole Smith and Mary Osborne to discuss issues in implementation.</p> <p><b>9/5/03</b> Supervisor workgroup meeting in Kearney. Follow-up from CCP meeting. Information from Todd Reckling and Michelle Eby co-leaders of the CCP Initiative regarding comprehensive assessment and integration of this with proactive supervision model. Continued work on forms for Nebraska and planning for presentation at Supervisors' statewide conference to be held in October.</p> <p><b>9/17 &amp; 18, 2003</b> Carole Smith here for consultation in Kearney with supervisor workgroup all day on 18th. Michelle Graef/Megan Potter meeting with Carole in evening of 17<sup>th</sup> with some of the supervision workgroup members. Continued the group's learning about the model. Modification of some of the draft forms. Developed strategy and presentation for upcoming supervisor's conference. Discussed next steps in implementation.</p> <p><b>10/7 &amp; 8, 2003</b></p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p>..... Statewide Supervisor's Conference in Omaha. Carole Smith and 5 supervisors from Hamilton County, Ohio traveled to Nebraska and did presentations to all NE supervisors about proactive supervision including demonstration of a genogram and clinical case review process. The eight supervisor members of the workgroup participated in panel discussions and small group breakout sessions to facilitate rest of the state's supervisor's introduction to the concepts of the model and to answer their questions.</p>
		Provide supervisors and managers with report on monthly basis	11/02	11/02	11/02 reports are sent to staff, supervisors and managers monthly.
		Establish baseline to monitor that workers have monthly contact with every child and family.	07/03		03-04 extension date requested. QA staff are not yet on board to assist in developing a formal process.
		Establish targeted improvements based on baseline.	07/03 and ongoing		03-04 extension date requested. QA staff are not yet on board to assist in developing a formal process.
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/03		Corrective action plans have been put in place where compliance with increasing the monthly contact with youth has not occurred.
Develop and implement	Margaret Bitz	Conduct case reviews on a sample of	07/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
methods for measuring the quality of visits		cases to determine if visits focus on issues pertinent to case planning, service delivery, goal attainment, and safety. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.			
		Develop and implement standardized supervisor oversight process to monitor compliance with visitation policy. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	09/04		
		Establish baseline on quality of visits.	09/04		
		Establish targeted improvements based on baseline	09/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		

**Outcome WB2: Children receive appropriate services to meet their educational needs.**

**GOAL:** By 7-1-05, Nebraska will increase its effectiveness of ensuring children receive appropriate services to meet their educational needs from 86.1% of the applicable cases reviewed to 90%.

**Evaluation method:** Nebraska CFSR

**Baseline:** 86.1% established during the CFSR

**Item 21. Educational needs of the child.**

**Goal Negotiated Measure; % of Improvement:** By 7-1-05, Nebraska will increase the educational support for special needs children. from 86.1% of the applicable cases reviewed to 90%.

**Baseline:** 86.1% established during the CFSR

**Method of Measuring Improvement:** Nebraska CFSR

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Develop standardized case file format to include an educational section and what is to be included in the section.	Sherri Haber	Case file format developed.	04/03	04/03	In April 2003 a Standardized format for the Protection & Safety case file was developed. Input was obtained from Program Staff, trainers and a review of previous policies. Consensus was obtained as to the format & content. A final document was prepared.
		Standardized format communicated to staff through Management Memo.	04/03	04/03	On 04/17/03 an Administrative Memo was sent to staff outlining the standardized case file format
		Training developed by HHS Staff.	05/03	05/03	In April 2003 the Training division incorporated the standardized case file format into the training components.
		Train staff on written policy. Training to be conducted by managers and supervisors.	05/03	05/03 and ongoing	In April & May 2003 supervisors and managers across the state met with staff during their staff meetings and reviewed the new format, received feedback and implemented.
		Case file format implemented statewide.	05/03	05/03	The new case file format was fully implemented in May 2003 with all new cases using the new format. Because of workload issues, we did not have staff change existing files. The field did ask Central Office to purchase pre-labeled dividers/inserts. In August 2003, shipments of these were received and distributed to the field.
Strengthen state ward education policy and practice to include obtaining appropriate educational assessments and educational records, and follow up with educational recommendations to be documented in the case plan and addressed at the	Margaret Bitz	Policy developed by HHSS.	10/03		Request extension to 3/04. HHS is working with the NE Department of Education to explore the use of an online, computer based curriculum for use with children who must be moved from their home school district. This includes working with the Department of Education to obtain appropriate educational assessments and educational records, and follow up with educational recommendations to be documented in the case plan and addressed at the periodic review. Once this work has been completed, HHS will develop policy.

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
periodic review.					
		Training developed by HHS Staff.	12/03		
		Train staff on written policy. Training to be conducted by managers and supervisors.	03/04		
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	03/04		
		Written policy disseminated through Administrative Memo.	04/04		
		Policy implemented statewide.	04/04		
Develop and implement methods for measuring compliance with policy relating to education of state wards.	Margaret Bitz	Conduct case reviews on a sample of cases to monitor compliance with the education policy for state wards. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	07/04		
		Develop and implement standardized supervisor oversight process to monitor compliance with the education policy for state wards and to assure that educational records are contained in the file. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	03/04		
		Establish baseline to measure	09/04		



Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		compliance with the education policy for state wards.			
		Establish targeted improvements based on baseline.	09/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		
Service area management staff will meet with administrative staff from local schools each school year to discuss educational issues of state wards.	Chris Hanus	Meetings conducted and documented.	12/04		
		HHS and schools jointly develop and implement action plans to address identified problems.	03/05		

**Outcome WB3: Children receive adequate services to meet their physical and mental health needs.**

**GOAL:** By 7-1-05, Nebraska will increase its efforts to ensure children receive adequate services to meet their physical and mental health needs from 55.3% of the applicable cases reviewed to 60%.

**Evaluation method:** Nebraska CFSR

**Baseline:** 55.3% established during the CFSR

**Item 22. Physical health of the child**

**Goal Negotiated Measure; % of Improvement:** By 7-1-05, Nebraska will improve its ability in addressing children's health needs from 73% of the applicable cases reviewed to 76%

**Baseline:** 73% established during the CFSR

**Method of Measuring Improvement:** N-FOCUS

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Strengthen policy and practice	Margaret Bitz	Policy developed by HHSS.	10/03		Request extension to 2/04 to assure that N-FOCUS capability can be in place prior to the development of policy requiring

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
to require the documentation of health, dental and mental health examinations on N-FOCUS.					documentation in N-FOCUS. Several alternatives have been explored to assure that the information can be documented accurately and efficiently on N-FOCUS, and discussion is underway.
		Training developed by HHS Staff.	12/03		
		Train staff on written policy. Training to be conducted by managers and supervisors.	03/04		
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	03/04		
		Written policy disseminated through Administrative Memo.	04/04		
		Policy implemented statewide.	04/04		
Create an automated monthly alert on N-FOCUS that indicates which children are due for a health care or dental examination for Protection and Safety Workers.	Margaret Bitz	System Investigation Request to require the actual intake receive date to be entered into N-FOCUS and eliminate the default feature is reviewed and approved	07/03		Request extension to 1/04. Discussion with N-FOCUS staff regarding alternatives to creation of an alert is currently taking place.
		Change to current system code is made	11/03		Request extension to 2/04 based on extension requested above.
		Code testing is completed and system is stable	11/03		Request extension to 2/04 based on extension date requested above.
		Release notes explaining the change and current requirements is posted in Lotus Notes for workers	11/03		Request extension to 3/04 based on extension date requested above.

<b>Action Steps</b>	<b>Lead Responsibility</b>	<b>Benchmarks</b>	<b>Date Projected</b>	<b>Date Actual</b>	<b>Progress Report</b>
Develop and implement methods for measuring that health and dental examinations are received as required by policy including follow-up care for identified problems.	Margaret Bitz	Develop an N-FOCUS report that provides information on the child's receipt of health, dental and mental health exams.	11/03		Request extension to 4/04 to follow the N-FOCUS change (listed in the action step above) for capturing information in N-FOCUS.
		Provide reports to supervisors and managers.	11/03		Request extension to 4/04 based on extension request above.
		Conduct case reviews on a sample of cases to monitor that children are receiving health, dental and mental health examinations as required by policy and based on the child's needs. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	07/04		
		Develop and implement standardized supervisor oversight process to monitor compliance with children receiving health and dental examinations as required by policy and based on their needs. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	03/04		
		Establish baseline regarding compliance with obtaining health and dental examinations based on policy and the needs of the child.	09/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Establish targeted improvements based on the baseline.	09/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04		
Clarify expectations to placement providers requiring the need to maintain health and dental care records of children in their care	Margaret Bitz	Identify expectations in collaboration with NFAPA and provider organizations.	10/03		Request extension to 3/04. More time is needed to work with NFAPA and the providers in establishing expectations that require the need to maintain health and dental care records of children in their care
		Communicate expectations to staff, foster parents and provider organizations through a letter or article in the NFAPA and provider organization newsletters.	12/03		Request extension to 2/04. Expectations need to be established prior to communicating them to foster parents and provider organizations.
		Incorporate health and dental care expectations into foster parent orientations, pre-service training, ongoing training and foster parent conferences.	01/04		
		Revise current and future contracts with out of home care providers to address the expectations regarding the need to maintain health and dental care records of children in their care.	07/04		

**Item 23. Mental health of the child**

**Goal Negotiated Measure; % of Improvement:** By 7-1-05, Nebraska will improve its ability in addressing children's mental health needs from 66% of the applicable cases reviewed to 69%.

**Baseline:** 66% established during the Federal CFSR

**Method of Measuring Improvement:** Nebraska CFSR

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Develop a standardized pre-treatment assessment that addresses the child's mental health needs and recommends treatment as needed such as substance abuse, eating disorders, etc.	Todd Reckling	Assessment developed in collaboration with Nebraska Medicaid and Magellan Managed Care.	09/03	10/03	The pretreatment assessment for Office of Juvenile Offenders (OJS) was developed in collaboration with Medicaid, Managed Care, and Behavioral Health. The tool was drafted and revised several times throughout the months of April – September 2003 and finalized the tool in October 2003. It is anticipated that the new Comprehensive Child and Adolescent Assessment (CCA) will be “test piloted” on the Office of Juvenile Services youth that have been ordered by the court to undergo an OJS evaluation. Ultimately the new pretreatment assessment would be used for any child or youth statewide. Todd Reckling, Linda Wittmus from Behavioral Health, Roxie Ciellesen from Medicaid, and Margaret Bitz met on several occasions throughout the months of April to October to discuss the evaluation tool and process. Medicaid and Managed Care met with a Provider Advisory Group (PAG) and made final adjustments to the evaluation.
		Assessment requirements disseminated to Medicaid providers by Central Office Medicaid.	12/03		Request Extension to 7/04. Discussion between Medicaid, Managed Care, and Management is still occurring as issues regarding fiscal impact, utilization, and operation need to be finalized.
		Training conducted by Medicaid on use of assessment.	12/03		Request Extension to 7/04. Discussion between Medicaid, Managed Care, and Management is still occurring as issues regarding fiscal impact, utilization, and operation need to be finalized. Training on the new pretreatment evaluation would be provided by Managed Care and Medicaid for the preferred providers selected to be in the approved network. HHS would then offer training to the OJS evaluation coordinators on the new evaluation. This training has not been finalized yet.
		Implement use of assessment	12/03		Request Extension to 7/04. The new pretreatment assessment is not ready to be finalized yet so training dates for staff has

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					not been established. OJS evaluation contracts were extended through December 31, 2003 and in December 2003 they were extended again through 06/30/2004 to provide adequate time to finalize the evaluation process.
		Monitor completed assessments to determine that the standardized assessment addresses the child's mental health needs and that appropriate services are being provided.	03/04		Request Extension to 7/04.
Develop policy regarding when and how to access pre-treatment assessments for mental health issues.	Todd Reckling	Policy developed in collaboration with Nebraska Medicaid and Magellan Managed Care.	09/03		Extension requested to 07/04. The pretreatment assessment for Office of Juvenile Offenders (OJS) was developed in collaboration with Medicaid, Managed Care, and Behavioral Health. The tool was drafted and revised several times throughout the months of April –September 2003 and finalized the tool in October 2003. It is anticipated that the new Comprehensive Child and Adolescent Assessment (CCA) will be “test piloted” on the Office of Juvenile Services youth that have been ordered by the court to undergo an OJS evaluation. Ultimately the new pretreatment assessment would be used for any child or youth statewide. The tool is a very in-depth assessment and evaluation of the child or youths mental health issues, behavioral needs, and substance abuse needs. Todd Reckling, Linda Wittmus from Behavioral Health, Roxie Ciellesen from Medicaid, and Margaret Bitz met on several occasions throughout the months of April to October to discuss the evaluation tool and process. Medicaid and Managed Care met with a Provider Advisory Group (PAG) and made final adjustments to the evaluation.
		Written policy disseminated through Administrative Memo.	09/03		Request Extension 07/04. Medicaid, Managed Care, and the HHS system are working to get final approval on the new Comprehensive Child and Adolescent evaluation. Managed Care is currently preparing to establish a preferred provider network of approved providers who would do the pretreatment evaluations.
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and Medicaid.	11/03		Request Extension 07/04

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Train staff on written policy. Training to be conducted by managers and supervisors.	12/03		Request Extension 07/04
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	12/03		Request Extension 07/04
		Policy implemented statewide.	01/04		Request Extension 07/04
Train all PS staff on accessing Medicaid mental health and substance abuse services.	Margaret Bitz	Training developed in collaboration with Nebraska Medicaid and Magellan Managed Care.	01/04	09/03	Training curricula was developed in September 2003 by Margaret Bitz with HHS, Medicaid, and Managed Care staff.
		Training conducted by the Office of Protection and Safety in collaboration with Nebraska Medicaid and Magellan Managed Care on accessing Medicaid mental health and substance abuse services.	06/04	10/03	<p>A training session was delivered to all Protection and Safety Supervisors on October 07, 2003 at the Supervisor's Annual Conference</p> <p>Medicaid, Magellan, and Protection and Safety staff provided training to Protection and Safety and Resource Development administrators in October at the Supervisors' Conference, along with the expectation that they in turn would train staff.</p>
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	06/04	10/03	Sign-in sheets are maintained with training attendance records at the University of Nebraska Center for Children Families and the Law.

<b>Action Steps</b>	<b>Lead Responsibility</b>	<b>Benchmarks</b>	<b>Date Projected</b>	<b>Date Actual</b>	<b>Progress Report</b>
Conduct service array pilot in two areas using National Family Centered Practice model that will identify service needs, gaps and improvements needed to address timely initiation of services; assure the ability to offer needed services; develop in-home services and reduce service waiting lists	Chris Hanus	Select service array pilot sites	03/04		
		Select staff to conduct service array assessment	03/04		
		Complete assessment including: community/neighborhood prevention, early intervention services; investigative, assessment functions; home-based interventions/services; out-of-home reunification/permanency services; child welfare system exits/services	06/04		
		Finalize and report results that list the gaps or improvements needed for services in that area	09/04		
		Develop and implement plan to fill gaps or improve existing services	12/04		
		Monitor effectiveness of plan by using multiple QA functions in assessing for gaps in services, and provision of services.	06/05		
		Expand model to remaining service	03/05		



Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		areas			
Expand the use of Integrated Care Coordination Unit [ICCU] across the state in collaboration with Nebraska Regional Mental Health agencies to expedite reunification and permanency and reduce the number of moves while in placement	Amy Richardson	Identify ICCU providers	06/03	06/03	All areas of the state have identified their provider for implementation of the ICCU with the exception of one Region. Region II has not made a decision to implement. The Director of HHS has had written and verbal communication with this Region to encourage them to implement. There is a secondary plan if the Regional Governing Board does not choose to enter into an agreement with HHS. The identification of provider or partner in the ICCU for this area should be accomplished by 6-04.
		Issue planning grants for expansion of ICCUs.	09/03	8/03	Three areas were given planning grants; the grants were requested from Region I, Region IV and Region VI. Region III and F3 or Lancaster County did not need nor request funding for start-up or planning grants. Region V is in the process of Planning to request their funding. * Again, exception of Region II as noted above in P1 16 A8 B1
		Finalize contracts with ICCU providers.	03/04		Finalize contracts with ICCU providers-1 <sup>st</sup> phase: HHS has contracts representing 75% of our stateward population areas. Including Region VI-Omaha, Region III and Region IV – central area of Ne. Region I-Western part of state and Lincoln, Lancaster County.  Phase two – Will include Region II as discussed above and the remaining counties in southeastern Nebraska or Region V

### Systemic Factors

**Item 25. Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.**

**Goal:** All children will have written case plans that ensure the participation of the child, if old enough, and the child's parent(s).

**Method of Measuring Improvement: Interim:** Nebraska CFSR

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Strengthen case planning policy and practice to assure that children, parents and support networks are included in initial case plan development and ongoing reassessment of the case plan	Margaret Bitz	Policy developed in collaboration with the NRC's for Family Centered Practice and Foster Care and Permanency Planning	03/04		Appropriate parties to be involved in the Case Planning process have been identified as part of the CCP groups from February to November 2003. Todd Reckling and Michelle Eby co-leads for CCP Initiative in their work with comprehensive assessment and case planning and drafted a new case plan and court report. Trainers and a group of supervisors are reviewing the case plan. The process to develop a family case plan that is highly individualized and driven by the family is being developed. The case plan is based on family-centered principles around identification and achievement of outcomes, strengths, needs, and strategies to meet the needs. The Case Plan was discussed with Judge Porter, a juvenile judge in Lancaster County on November 17, 2003. Judge Porter will also share the case plan and court report with fellow juvenile court judges and subsequent meetings will be established with HHS and the judges to review the case plan and court report format and content. The discussion will include who should be involved in the case planning process. At this time, the family is to identify who they want at the family centered meeting (FGC or FTM) where the case plan is developed. HHS will have others there necessary to assure safety and help the family achieve its outcomes. The new case plan has a signature page for all parties to sign to note their involvement in the case planning process.
		Training developed by HHS Staff in collaboration with the NRC for Family	05/04		The trainers were trained on the new case plan. Training curricula revisions continue to be made at this time regarding

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Centered Practice and Foster Care and Permanency Planning.			the case plan to assure that children, parents and support networks are included in initial case plan development and ongoing reassessment of the case plan
		Train staff on written policy. Training to be conducted by managers and supervisors.	07/04		
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	07/04		
		Written policy disseminated through Administrative Memo.	07/04		
		Policy implemented statewide.	07/04		
Develop and implement methods for measuring compliance with policy on involving the appropriate people in the case planning process	Margaret Bitz	Conduct case reviews on a sample of cases to monitor appropriate involvement of people in case planning. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	07/04		
		Develop and implement standardized supervisor oversight process to monitor compliance involving appropriate people in the case planning process. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	07/04		
		Establish baseline on the involvement of appropriate people in case planning.	09/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Establish targeted improvements based on baseline	09/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		
Develop a handbook for families of children involved with Protection and Safety to assure that families understand the system and their rights and responsibilities and supports available to them especially their opportunities and responsibilities in regard to participation in case planning	Todd Reckling	Contract with the Federation of Families to develop a handbook for families and children involved with Protection and Safety.	09/02	09/02	A contract was signed by Ron Ross and The Federation of Families on September 13, 2002.
		Determine protocol for distribution of the handbook in collaboration with the Federation of Families.	09/03	11/03	The handbook has been sent back to the Federation on several occasions for corrections and revisions. This project is not yet completed. The handbooks will be distributed in February 2004 by HHS staff and the 6 Families Mentoring Families Agencies to families that the Family Agencies are involved with and by HHS caseworkers to families who have contact with the HHS system.
		Cover letter and handbook distributed to HHS staff and partners	10/03		Extension requested 02/04. The handbook has been sent back to the Federation on several occasions for corrections and revisions. This project is not yet completed. The Federation has been given a final deadline of to have the Handbook finalized and ready for distribution
Develop policy and practice regarding concurrent planning	Margaret Bitz	Policy developed in collaboration with the NRC for Foster Care and Permanency Planning and Family	05/03	05/03	Policy for Concurrent Planning has been developed and this material was included in Guidebook changes distributed to the field in 5/03. The NRC for Family Centered Practice

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Centered Practice.			reviewed that material and gave the opinion that it is in keeping with best practice.
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and NRC's.	12/03	05/02	Training has been developed in collaboration with CCFL and the Department's training unit.
		Train staff on written policy. Training to be conducted by managers and supervisors.	03/04	05/02 through 08/02	Training has been provided by the HHS Training Unit to Protection and Safety Supervisors and Workers in several sites across the state on the draft policy which was available in 2002.. Six training sessions occurred between the months of May through August, 2002.
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	03/04		
		Written policy disseminated through Administrative Memo.	04/04		
		Policy implemented statewide.	04/04		
Develop and implement methods for measuring compliance with policy on concurrent planning	Margaret Bitz	Revise N-FOCUS report and provide report to supervisors and managers on a monthly basis.	03/04		
		Develop and implement standardized supervisor oversight process to monitor compliance with assessment policies. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	03/04		
		Conduct case reviews on a sample of cases to determine compliance on concurrent planning based on case	07/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		review. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.			
		Establish baseline to determine compliance with concurrent planning.	09/04		
		Establish targeted improvements based on baseline.	09/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		
Increase use of Family Group Conferencing to increase participation in case planning	Todd Reckling	Identify current utilization of family group conferencing through review of current contracts and numbers of families served.	12/03		<p>Extension Requested to 1/04. The Department has contracts with private agencies to provide traditional family group conferencing, as well as expedited family group conferencing, facilitation and mediation. These contracts are currently being examined along with producing numbers to identify families served. Request a change in the wording of the benchmark, eliminating the reference to number of families meeting the criteria for use of family group conferencing.</p> <p>Representatives from a Family Group Conferencing Center spoke at the Supervisor's Conference in Omaha on October 09, 2003 and explained FGC's, expedited FGC's, mediation, and facilitation that the Family Group Conferencing Centers are able to provide across the state as per their contracts with HHS. The purpose was to increase awareness and utilization of these services for case planning with the family</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Identify targeted increase of family group conferencing to locate family members or natural supports of family for placement opportunities based on current utilization.	03/04		
		Communicate to staff the availability and the expectation of meeting the targeted increase.	03/04		
		Develop and implement standardized supervisor oversight process to monitor compliance with case planning policies. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	03/04		
Incorporate wrap around principals into all policy revisions including decisions and linkages, initial safety check, discovering strengths, and convening a family team.	Todd Reckling	Policy developed in collaboration with the NRC for Foster Care and Permanency Planning and Family Centered Practice.	02/03	02/03 to 10/03	Direction for the use of the principles of family centered practice in policy was collaboratively developed through the Collaborative Case Practice (CCP) process from February – October 2003. This group includes the Protection and Safety Administrators and Resource Development Administrators from across the State with key Central Office Administrators with consultation from the National Resource Centers (NRCs). Policy issues regarding linkages, initial safety checks, discovering strengths of the child and family, and convening a family team. were all discussed at the CCP meetings with the NRC's for Family Centered practice and Child Maltreatment represented at these meetings. The CCP Leads (Todd Reckling and Michelle Eby co-leads for CCP Initiative) also met with Cathy Welsh from the Child Maltreatment NRC on July 31 and August 01, 2003 in Omaha to discuss initial safety checked, discovering strengths of the family, and convening a family team to address safety and risk factors.
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and NRC's.	10/03		Requested Extension 07/04. Training is still being revised based on family-centered practice. Training that was delivered for comprehensive assessment included a family centered approach in the method and type of information being collected from the reporter about the family. The new

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					Comprehensive Assessment tool asks questions pertaining to a family's strengths, and the process promotes the Assessment Worker interviewing the parents, child, and other collaterals in a manner that is consistent with the family centered principles such as individualized, compassionate, etc. Family-Centered Practice Training was delivered to the training unit on August 14, 2003 with 5 of the trainers. Family Centered Practice Training was also delivered to the supervisors targeted to pilot the comprehensive assessment on October 29, 2003 and November 19, 2003. Some of the Central Office Program Specialists attended the training on October 29, 2003. Additional family centered practice training will be delivered to the pilot site supervisors and central office staff in January 2004. It is still not determined with all workers will receive family centered practice training. The Western Service Areas has individually been training staff from its service areas regarding family centered practice approaches.
Develop a design to integrate the Foster Care Review Board Information System with N-FOCUS in order to eliminate discrepancies between the N-FOCUS system and the FCRB information system.	Sherri Haber	Agreement made with Foster Care Review Board to incorporate the Review Board's system needs into N-FOCUS.	12/03	7/03	July 18, 2003 a verbal agreement with the Foster Care Review Board was given to incorporate the Review Board system needs into N-FOCUS. It was decided that a Steering Committee would be chartered to ensure the completion of the Foster Care Review Boards system development. November 14, 2003 the first Steering Committee Meeting was held. A Charter was developed and approved to build a Foster Care Review Board system into N-FOCUS. The steering committee also established a subcommittee to actually develop design and implement the integration.
		Design document developed	06/04		The SACWIS Compliance Work Team is scheduled to hold it's first meeting on 12/12/03.

**Item 28. Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.**

**Goal:** Termination of Parental Rights will be filed in accordance with ASFA requirements.

**Method of Measuring Improvement:** N-FOCUS

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Develop policy regarding concurrent planning	Margaret Bitz	Policy developed in collaboration with the NRC's for Foster Care and Permanency Planning and Family Centered Practice.	05/03	05/03	Policy for Concurrent Planning has been developed and this material was included in Guidebook changes distributed to the field in 5/03. The NRC for Family Centered Practice reviewed that material and gave the opinion that it is in



Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p>keeping with best practice.</p> <p>In addition, CCP Leads (Todd Reckling and Michelle Eby co-leads for CCP Initiative) met with Janyce Fenton from the NRC for Foster Care and Permanency Planning on August 08, 2003 in Kearney, NE and discussed concurrent planning strategies for the state of Nebraska; as it relates to the new CCP model. Margaret Bitz also had a phone call with Janyce Fenton on to further clarify concurrent planning.</p>
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and NRC's.	12/03	05/02	Training has been developed in collaboration with CCFL and the Department's training unit.
		Train staff on written policy. Training to be conducted by managers and supervisors.	03/04	05/02 through 08/02	Training has been provided by the HHS Training Unit to Protection and Safety Supervisors and Workers in several sites across the state on the draft policy which was available in 2002. Six training sessions occurred between the months of May through August, 2002.
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	03/04		
		Written policy disseminated through Administrative Memo.	04/04		
		Policy implemented statewide.	04/04		
Develop and implement methods for measuring compliance with policy on concurrent planning	Margaret Bitz	Revise N-FOCUS report and provide report to supervisors and managers on a monthly basis.	03/04		
		Develop and implement standardized supervisor oversight process to monitor compliance with assessment policies. Process will include time frames for supervisor's reconciliation of reports,	03/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		and timeframe for development of corrective action plan			
		Conduct case reviews on a sample of cases to determine compliance on concurrent planning based on case review. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	07/04		
		Establish baseline to determine compliance with concurrent planning.	09/04		
		Establish targeted improvements based on baseline.	09/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		
Strengthen HHSS Legal Services that support permanency for state wards by working with the courts to: <ul style="list-style-type: none"> <li>Locate and assess other relatives as potential placements;</li> <li>File for termination</li> </ul>	Margaret Bitz	In collaboration with the NRC's for Legal and Judicial Issues and HHS Legal Services, analyze and identify barriers and recommend actions for legal services to support permanency.	12/03		Request extension to 5/04 to allow for gathering information, assessing and making recommended actions to implement. Focus groups are being held statewide to obtain input of HHS' Protection and Safety Legal Team and line staff regarding current support and what improvements are needed. The focus group meetings will be completed in January, 2004.  In May, 2003, a conference call was held with Mimi Laver for assistance re: questionnaires for use with Legal staff and Field staff to gather information on current usage of the Protection

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
of parental rights within ASFA guidelines. • Obtain adoption finalizations in a timely manner;					and Safety Legal Team and what might be done to improve support to the field. In June, 2003, Ms. Laver sent questionnaires that she had developed as a sample. In October, 2003, the questionnaires were re-drafted to make them more relevant to NE. In November, 2003, the Team Leads and Mike Rumbaugh, Supervisor for the Protection and Safety Legal Team, met. After discussion, the decision was made to gather information via focus groups rather than questionnaires, using the questionnaires only if necessary. In November, all members of the Protection and Safety Legal Team participated in a focus group. On December 10, the first of six focus groups was held with supervisors and workers from the field. The remaining focus groups will occur in January, 2004. From information gathered thus far, it appears that holding focus groups was a much better choice than using the questionnaires, as the information gained is excellent and will be very useful in determining our next steps.
		Implement recommendations identified for improving legal services to support permanency.	06/04		
		Monitor the implementation of the recommended actions to assure recommendations are implemented and that permanency is being supported through the identified changes.	12/04		
		Collaborate with CIP and HHS Legal Services on strategies to overcome identified barriers.	12/04 and ongoing		
Strengthen policy and practice regarding recommendations about requests and timeliness of requests for termination of parental rights including compelling reasons not to file.	Margaret Bitz	Policy developed in collaboration with the NRC's for Foster Care and Permanency Planning and Family Centered Practice.	10/03	9/03	Policy has been developed that strengthens current policy regarding termination of parental rights including appropriateness, timeliness and compelling reasons not to file. The NRC for Family Centered Practice reviewed that material and gave the opinion that it is in keeping with best practice.
		Training developed in collaboration	12/03		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and NRC's.			
		Train staff on written policy. Training to be conducted by managers and supervisors.	03/04		
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	03/04		
		Written policy disseminated through Administrative Memo.	04/04		
		Policy implemented statewide.	04/04		
Develop and implement methods of monitoring compliance with policy regarding timeliness of requests for termination of parental rights including compelling reasons not to file.	Margaret Bitz	Conduct case reviews on a sample of cases to determine compliance with policy regarding requests for termination of parental rights including compelling reasons not to file. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	07/04		
		Establish baseline to determine compliance with policy regarding requests for termination of parental rights including compelling reasons not to file.	09/04		
		Establish targeted improvements based	09/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		on baseline			
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol.	09/04 and ongoing		
Develop local action protocols between HHS and local County Attorney Offices to reduce the number of children in out of home care and to establish permanency for children reaching 15 of 22 months in out of home care.	Margaret Bitz	In collaboration with the NRC's for Legal and Judicial Issues, CIP, and HHS Legal Services. Analyze and identify barriers and recommend actions for legal services to support permanency.	12/03		<p>Request extension to 3/04, allowing for adequate time to analyze the information. Focus groups are being held across the state with Protection and Safety Legal Team and line staff to obtain input about support currently being provided and how it can be enhanced. The remainder of the focus groups will convene in January, 2004.</p> <p>In May, 2003, a conference call was held with Mimi Laver for assistance re: questionnaires for use with Legal staff and Field staff to gather information on current usage of the Protection and Safety Legal Team and what might be done to improve support to the field. In June, 2003, Ms. Laver sent questionnaires that she had developed as a sample. In October, 2003, the questionnaires were re-drafted to make them more relevant to NE. In November, 2003, the Team Leads and Mike Rumbaugh, Supervisor for the Protection and Safety Legal Team, met. After discussion, the decision was made to gather information via focus groups rather than questionnaires, using the questionnaires only if necessary. In November, all members of the Protection and Safety Legal Team participated in a focus group. On December 10, the first of six focus groups was held with supervisors and workers from the field. The remaining focus groups will occur in January, 2004. From information gathered thus far, it appears that holding focus groups was a much better choice than using the questionnaires, as the information gained is excellent and will be very useful in determining our next steps.</p>
		Implement recommendations identified for improving legal services to support permanency.	06/04		
		Monitor the implementation of the recommended actions to assure recommendations are implemented and	12/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		that permanency is being supported through the identified changes.			
		Collaborate with CIP and HHS Legal Services on strategies to overcome identified barriers.	06/05		

**Item 29. Provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.**

**Goal Negotiated Measure; % of Improvement: All relevant parties will be notified and provided the opportunity to be heard in any hearing related to the child.**

**Method of Measuring Improvement: Nebraska CFSR**

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Strengthen policy and practice regarding the procedures for notifying the court of who is relevant to a particular case and need to be invited to future court proceedings	Chris Hanus	Policy developed in collaboration with the CIP on procedures for notifying the court of who to invite to court proceedings.	03/04		
		Policy disseminated by Administrative Memo.	04/04		
		Letter written and disseminated to the courts in collaboration with the CIP reminding them of their responsibility to invite relevant people to hearings.	04/04		
Develop a design to integrate the Foster Care Review Board Information System with N-FOCUS in order to eliminate discrepancies between the N-FOCUS	Sherri Haber	Agreement made with Foster Care Review Board to incorporate the Review Board's system needs into N-FOCUS.	12/03	07/03	July 18, 2003 a verbal agreement with the Foster Care Review Board was given to incorporate the Review Board system needs into N-FOCUS. It was decided that a Steering Committee would be chartered to ensure the completion of the Foster Care Review Boards system development. November 14, 2003 the first Steering Committee Meeting was held. A Charter was developed and approved to build a Foster

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
system and the FCRB information system.					Care Review Board system into N-FOCUS. The steering committee also established a subcommittee to actually develop, design and implement the integration.
		Design document developed	06/04		The SACWIS Compliance Work Team is scheduled to hold its first meeting on 12/12/03.
In collaboration with contracted family organizations conduct a survey with bio families regarding whether or not they have been invited to and actively participate in case planning hearings and case review processes.	Todd Reckling	Develop survey in collaboration with family organizations.	03/04		
		Conduct survey to determine if bio-parents have been invited to and participate in case planning hearings and case review processes.	05/04		
		Establish baseline to determine if bio-families have been invited to and participate in case planning hearings and case review processes.	06/04		
		Communicate with the CIP and the Foster Care Review Board [FCRB] the results of the survey.	06/04		
		Conduct annual follow-up surveys to determine family involvement and active participation in case planning hearings and case review processes.	06/05 and ongoing		
In collaboration with Nebraska Foster and Adoptive Association conduct a survey with foster parents regarding whether or not they have	Chris Hanus	Renew contract with the Nebraska Foster Parent Association to provide mentoring supports	07/03	07/03	Completed contract renewal effective July 1, 2003.

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
been invited to and actively participated in reviews / hearings.					
		Conduct foster parent satisfaction survey in collaboration with the Nebraska Foster Parent Association	10/03		Extension Requested to 1/04. A foster parent satisfaction survey was developed in collaboration with the Nebraska Foster and Adoptive Parents Association in April and May of 2003. The survey will be mailed to current foster and adoptive parents in January 2004. Returned surveys were tallied and a composite report of results will be available in May of 2004. In addition, NFAPA surveys foster parents exiting the system. A report is available on data collected from January 2003 through September 2003. This survey was developed in collaboration with the Department and NFAPA.
		Analyze information from the foster parent survey to identify retention needs and determine improvement strategies	12/03		Extension Requested to 5/04. Surveys will be sent in January of 2004. This will allow time for foster and adoptive parents to complete and return their surveys and allow for a report to be generated to be analyzed.
		Establish baseline of foster parent satisfaction identified through the survey in collaboration with NFAPA	12/03		Extension Requested to 5/04. Results of the surveys need to be available in order to establish a baseline.
		Reassess foster parent satisfaction by conducting follow-up surveys.	07/04 and ongoing		

**Item 30. The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children.**

**Goal:** The State of Nebraska will use standards to ensure that children in foster care are provided with quality services that protect the safety and health

**Method of Measuring Improvement:** Progress of benchmarks in written Quality Assurance Plan.

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Strengthen policy and practice to mandate monthly worker visits at a minimum with children and families (foster and biological) or more frequently based on identified needs to ensure safety of children	Margaret Bitz	Policy developed by HHSS.	09/02	08/02	In July & August 2002 policy mandating a minimum of monthly contact between a worker & youth, parent and out of home care provider was developed. 08-30-2002 a Program Memo was issued requiring staff to have monthly in-home contact with state wards. 10-30-02 a revised Program Memo was issues which clarified specifics regarding monthly contacts with youth.
		Training developed by HHS Staff.	09/02	09/02	09-02 Supervisors and administrative staff were asked to



Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					review this memo with staff, outline the front line work issues and how to enter the information on the data system. The Training Unit incorporated this policy into their new worker and on-going training.
		Train staff on written policy. Training to be conducted by managers and supervisors.	09/02	09/02	09-02 Supervisors and administrative staff reviewed this memo with staff, outlined the front line work issues and how to enter the information on the data system. The Training Unit incorporated this policy into their new worker and on-going training.
		Written policy disseminated through Administrative Memo.	09/02	09/02	08-2002 Administrative Memo sent to staff outlining the new policy.
		Policy implemented statewide.	09/02	09/02	08-2002 Policy Implemented statewide based on the Administrative memo sent 08-02. Implementation was effective immediately so that all youth had their first required monthly contact by 09-30-2002.
Design monthly N-FOCUS report to monitor worker visits with children and family	Margaret Bitz	Develop N-FOCUS reports that assist supervisors and managers in tracking visitation with children and families.	11/02	11/02	11-2002 reports were developed for staff, supervisors and managers to track monthly contact with youth and families.
		Develop and implement standardized supervisor oversight process to monitor compliance with visitation policies. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	09/03	11/02	<p>Each month the Deputy Administrator forwards a tracking report to supervisors and administrators. This report outlines the youth who have had a contact for the month in question and those who have not. Supervisors and administrators are notified at that time the 'due' date to have this information added to the data system in order for the 'contact' to count. The Deputy Administrator also forwards monthly reports outlining the status for the month regarding compliance. If the monthly percentage has not equaled or exceeded the previous month numbers, a corrective action plan is developed to ensure that we are working towards meeting the goal of 90% compliance. This corrective action plan may be done at any level within the organization</p> <p>A major initiative emerged from the CCP process. This is "proactive supervision" that is modeled after a project in Hamilton County Ohio. The same person who provided assistance in getting that project operational is working with HHS to implement it in Nebraska. One significant factor involved in the proactive supervision is that the supervisors</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p>routinely review a consistent set of factors regarding cases and this may include this particular compliance issue particularly as it relates to the quality dimension of visits. The proactive supervisor process in Nebraska includes the following activities:</p> <p><b>February 25-27, April 7-8, May 28-30, July 15-17, 2003</b> CCP Team received several presentations on proactive supervision and material from the National Resource Center consultant, Carole Smith who worked with Hamilton Co, Ohio and continues to work with the NE supervisors.</p> <p><b>March 2003</b> Supervisor workgroup members named by Protection and Safety Administrators; members asked to respond to survey tool describing in detail their tasks and time spent on each in order to get baseline of current supervisory duties in Nebraska.</p> <p><b>5/16/03</b> First supervisory workgroup meeting in Kearney all day; involved 8 supervisors representing all three service areas, and key Central Office staff from Program and Human Resources, and Michelle Graef/Megan Potter from UNL-CCFL; discussed supervisory role in intake process and time in current activities, re-prioritization of supervisors' time.</p> <p><b>5/29/03</b> (at CCP meeting) Supervisor workgroup was formally requested to examine Carole Smith's proactive structured supervision model and make recommendations regarding possible implementation in Nebraska.</p> <p><b>6/23/03</b> All day Sarpv. Group meeting in Kearney. Time spent learning about the model, and included a conference call with Carole Smith for approximately 1 hour during the meeting. Continued discussion of current supervisory practice in Nebraska and challenges faced in implementing change.</p> <p><b>7/15, 16, 17, 2003</b> (at CCP meeting) Discussions of model, additional presentation by Carole Smith, discussion of plan for implementation of model in Nebraska.</p> <p><b>7/18/03</b> Meeting of supervisor workgroup all day in Kearney. Worked with Carole Smith to learn more about proactive supervision. Carole created a genogram on a local Nebraska case. This was a major turning point in the project, and generated much excitement and enthusiasm among all team members.</p> <p><b>7/20 – 8/10, 2003</b> Determined that subgroup of NE supervisors workgroup should go to Hamilton County, Ohio to experience</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p>proactive supervision first-hand.</p> <p><b>8/12 &amp; 13, 2003</b> Four Nebraska supervisors traveled to Hamilton County, OH to learn more about proactive structured supervision from their supervisors, with on-site facilitation provided by Carole Smith.</p> <p><b>8/18 &amp; 19, 2003</b> Supervisor workgroup meeting in Kearney. The four workgroup members who traveled to Ohio brought back information and enthusiastically shared what they'd learned with the rest of the group. The team worked on adaptation of the Ohio forms they had brought back, and discussed how the process would work in Nebraska. Developed and presented recommendations for the implementation next steps and supports needed to the Protection and Safety Administrators Team, which was meeting in Kearney at the same time.</p> <p><b>9/3 &amp; 4, 2003</b> CCP meeting in Kearney. Continued work with Carole Smith on implementation of proactive supervision in Nebraska. Michelle Graef meeting in evening with Carole Smith and Mary Osborne to discuss issues in implementation.</p> <p><b>9/5/03</b> Supervisor workgroup meeting in Kearney. Follow-up from CCP meeting. Information from Todd Reckling and Michelle Eby co-leaders of the CCP Initiative regarding comprehensive assessment and integration of this with proactive supervision model. Continued work on forms for Nebraska and planning for presentation at Supervisors' statewide conference to be held in October.</p> <p><b>9/17 &amp; 18, 2003</b> Carole Smith here for consultation in Kearney with supervisor workgroup all day on 18th. Michelle Graef/Megan Potter meeting with Carole in evening of 17<sup>th</sup> with some of the supervision workgroup members. Continued the group's learning about the model. Modification of some of the draft forms. Developed strategy and presentation for upcoming supervisor's conference. Discussed next steps in implementation.</p> <p><b>10/7 &amp; 8, 2003</b> Statewide Supervisor's Conference in Omaha. Carole Smith and 5 supervisors from Hamilton County, Ohio traveled to Nebraska and did presentations to all NE supervisors about proactive supervision including demonstration of a genogram and clinical case review process. The eight supervisor members of the workgroup participated in panel discussions and small group breakout sessions to</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					facilitate rest of the state's supervisor's introduction to the concepts of the model and to answer their questions.
		Provide supervisors and managers with report on monthly basis	11/02	11/02	11/02 reports are sent to staff, supervisors and managers monthly.
		Establish baseline to monitor that workers have monthly contact with every child and family.	07/03	07/03	03-04 extension date requested. QA staff is not yet on board to assist in developing a formal process.
		Establish targeted improvements based on baseline.	07/03	07/03	03-04 extension date requested. QA staff are not yet on board to assist in developing a formal process.
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	07/03 and ongoing	07/03 and ongoing	Corrective action plans have been put in place where compliance with increasing the monthly contact with youth has not occurred.

**Item 31. The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.**

**Goal:** The State of Nebraska will operate an identifiable quality assurance system.

**Method of Measuring Improvement:** Progress of benchmarks in written Quality Assurance Plan.

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Develop a framework for Quality Assurance (QA) in collaboration with the NRC for Organizational Improvement and field staff.	Sherri Haber	Technical Assistance requested.	09/02	09/02	Formal request for Technical Assistance through the Regional Office was completed 12/02. Peter Watson informally provided TA starting 09/02 and continuously since that time.
		QA framework developed in collaboration with the NRC for Organizational Improvement.	10/02	12/02 Date Director Approve d	In July 2002, the Office of Protection and Safety's Management Team chartered a time-limited team with the purpose of developing a statewide Quality Assurance Implementation Plan for Protection and Safety. Team members consisted of select field staff, supervisors, managers

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p>and central office staff.</p> <p>On 10/01/02 this chartered team participated in a teleconference titled A Framework for Quality Assurance presented by Peter Watson and Mary O'Brien both from the National Child Welfare Resource Center for Organizational Improvement.</p> <p>On 10/08/02 the chartered team met to develop a framework and implementation plan for Quality Assurance. The framework was agreed upon by the team. We also incorporated components of what we want in a QA system and gave out assignments to gather additional information.</p> <p>On 10/09/02 a formal request to the ACF Regional office was made requesting technical assistance from Peter Watson of the NCWRC for Organizational Improvement.</p> <p>On 10/29/02 the chartered team met again to review the 'draft' QA plan which was developed based on the input from the 10/08 meeting as well as subsequent information shared with team members. The group updated the plan and asked that it be sent out to key stakeholders for any needed clarification prior to the plan being finalized for submission to the Protection &amp; Safety Management Team.</p> <p>In November 2002 the 'draft' plan was shared with the Statewide Advisory Team and the Protection &amp; Safety Management Team.</p> <p>In December 2002 the Director of HHSS approved the QA Implementation Plan.</p>
		Framework identifies components of Quality Assurance System.	10/02	12/02	The framework developed in the QA Implementation Plan, approved in December 2002, includes components of a Quality Assurance System. The components are also identified within the Program Improvement Plan.
		QA Structure and staffing are in place including staffing.	12/03		<p>Extension requested to 02/ 04. An extension request is being made, as the Office of Protection &amp; Safety did not receive approval to create the QA Unit Manager positions until the end of October and as of 11-19-03 Human Resources has not yet advertised the positions. We are requesting an extension until 01-31-04. If the jobs are advertised the week of 11-25-03, the request for applications will close on 12-09-03.</p> <p>Applications will be received by the division by 12-12-03. By</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p>the time interviews are scheduled, interviews conducted, the holidays and background checks are completed it will be at least the end of December or first part of January before the positions are hired. New hires will need to give notice and some will not be able to start until the end of January 2004. Another possible delay is that there are 3 positions in different areas of the state and each area is hiring their own QA Unit Manager. This process could take much longer than having one group complete all interviews and selecting staff based on the one interview.</p> <p>04-17-03 Meeting was held with the Office of Protection &amp; Safety Administrator, the Deputy Administrator of Operations for the Office of Protection &amp; Safety and a Resource Development Administrator from the field to draft a proposed organizational structure for Quality Assurance to be approved by HHSS Administration.</p> <p>07/18/03 received approval from HHSS Administration to hire Quality Assurance Staff.</p> <p>07/29/03 State Personnel approved a request to create the QA Administrator Position.</p> <p>07/31/03 Job Order document was sent to Human Resources.</p> <p>07-31-03 Request from HHSS Administration for a copy of the Organizational Structure was requested &amp; sent.</p> <p>08-10-03 QA Administrator job was advertised.</p> <p>08-12-03 QA Unit Manager request for positions was put on hold by the HHSS Director. HHSS Administration was reviewing the proposed organizational structure.</p> <p>08-27-03 Screening tool and interview questions for the QA Administrator job was sent to Human Resources for approval.</p> <p>08-28-03 Approval for hiring the QA Administrator was given by the Deputy Administrator.</p> <p>08-28-03 Job applications for the QA Administrator job were received by the Office of Protection &amp; Safety.</p> <p>09-05-03 QA Administrator job applications were screened.</p> <p>09-19-03 Interviews for the QA Administrator job were scheduled.</p> <p>10-01-03 QA Administrator was hired.</p> <p>10-06-03 QA Administrator started his first day on the job.</p> <p>10-06-03 Received approval to hire QA Unit Managers</p> <p>10-20-03 Met with human resources and state personnel to get the new QA Unit Manager Positions approved.</p>

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					<p>10-24-03 Received approval from state personnel that the positions are approved and we can begin the hiring process of the QA Unit Managers. 10-28-03 Developed and documented a collaborative hiring process for the new QA Managers integrating (a) CEO decision making, (b) QA Administrator guidance and coordination, and (c) HR guidance and operational actions</p> <p>10-28-03 Submitted draft documents regarding QA Manager positions to Service Area CEOs (draft summary of QA functions, draft job description, job order document).</p> <p>11-06-03 With facilitation by the new QA Administrator, Service Area CEOs developed their long-term vision of Service Area QA function and structure.</p> <p>11-06-03 After review of six documents (including the September, 2003 document prepared by the PSAs and RDAs), the QA Administrator and CEOs developed a list of Service Area QA Manager responsibilities and required aptitudes.</p> <p>11-10-03 QA Administrator and CEOs drafted advertisement based on responsibilities and aptitudes.</p> <p>11-18-03 HR (with involvement from QA Administrator) revised advertisement text and developed recruitment plan</p> <p>11-23-03 Advertisement published</p> <p>The QA Administrator is responsible for continuing to coordinate and collaborate with the CEOs and their staffs to achieve the PIP milestone "QA Structure and staffing are in place." This effort will include at least the following steps, focused on hiring and integrating the efforts of the three new QA Managers:</p> <ul style="list-style-type: none"> <li>· Develop screening tool</li> <li>· Develop interview tool</li> <li>· Develop detailed plan for QA Mgr startup in Svc Areas</li> <li>· Develop orientation/training/team building seminar for new QA Mgrs.</li> <li>· Screen applications</li> <li>· Interview applicants</li> <li>· Hire (target date: 01-31-04)</li> <li>· Orientation/training/team building for the new QA managers</li> <li>· Service Area Analysis and Planning for Quality Assurance</li> <li>· Service Area QA implementation</li> </ul>
Identify or develop	Sherri Haber	Review policies and administrative	06/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
practice standards.		memo's to identify practice standards			
		Develop other practice standards as indicated.	06/04		
		Communicate practice standards to staff and providers.	06/04		
Compile and review data resulting from monitoring activities to identify non-conformity with practice standards.	Sherri Haber	Identify monitoring activities.	06/04		
		Gather & analyze reports.	06/04		
		Distribute reports.	06/04		
Access monitoring tools necessary to conduct QA activities.	Sherri Haber	Request SPSS software purchase through Information Systems and Technology [IS&T]	10/02	08/03	08-20-03 SPSS request made to IS&T.
		Software is purchased by IS&T.	08/03	08/03	08-03 Software purchased.
		Software is installed by IS&T.	08/03	09/03	09-03 Software installed.
Develop and implement a NE CFS Review	Sherri Haber	Design a NE CFS review process.	12/03		Extension to 02-28-04 is being requested. The QA Administrator has just been assigned this task and the staff to help develop this project is not yet hired. The plan is to have them on board by 01-31-04.  10-28-03 a high level design of what needs to be included in the Nebraska version of the CFSR was prepared. 11-14-03 New QA Administrator was assigned to work on this project.
		Identify participants in the NE CFSR.	06/04		
		Train participants on the NE CFSR process and procedures. The training will be conducted by the office of	06/04		



Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Protection and Safety			
		Implement NE CFSR pilot. Pilot sites will be determined based on a volunteer basis by service area.	09/04		
		Assess pilot for improvements in process.	09/04		
		Implement in non-pilot sites.	12/04		
Develop and implement Utilization Management of services to assure that children and families are receiving the appropriate level and intensity needed.	Sherri Haber	Analyze the Eastern Service Area's UM system to determine the effectiveness.	10/02		Requesting extension of this action step & benchmark until 03/04. We believe that the Date Projected and the Actual date were entered by mistake. Since we do not yet have Quality Assurance staff on board we have been unable to proceed.
		Develop consistent statewide UM policy and procedures based on analysis (including roles, responsibilities, timeframes, etc.)	06/04		
		Identify UM staff	12/04		
		Train UM staff. The Office of Protection and Safety will conduct training.	12/04		
		Implement UM statewide	06/05		
Develop and implement External Review Coordination System to assure findings are analyzed and considered for possible corrective action.	Sherri Haber	Develop protocol to evaluate external review findings for possible corrective action.	06/04		
		Identify staff responsible for evaluations and facilitation of	06/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		corrective action plans.			
		Train staff responsible for coordination. The Office of Protection and Safety will conduct training.	06/04		
		Implement External Review Coordination System.	06/04		
Develop protocol for use of surveys to improve outcomes and services for children and families.	Sherri Haber	Survey instruments gathered.	06/04		
		Review and analysis completed of gathered surveys.	12/04		
		Protocol developed including the use of surveys, the analysis and dissemination of findings, and the development of corrective action for improvement.	06/05		
Develop and implement Provider Performance Accountability	Sherri Haber	In collaboration with NRC on Organizational Improvement, develop consistent statewide Provider Performance Accountability system.	12/03		Request an extension to 12/04. We believe that the year was entered in error. We made a conscious effort to make sure that we dealt with staff performance prior to dealing with provider performance.
		Develop performance standards for each contracted service.	06/04		Request an extension to 06/05 as this ties in with prior tasks where we are requesting extensions.
		Revise contracts to incorporate performance accountability standards and requirements for corrective action when standards are not met.	06/04		Request an extension to 06/05 as this ties in with prior tasks where we are requesting extensions.
		Train staff on the contract language regarding performance standards. The Office of Protection and Safety will conduct training.	06/04		Request an extension to 06/05 as this ties in with prior tasks where we are requesting extensions.

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Train providers on the contract language regarding the expectations of performance standards.	06/04		Request an extension to 06/05 as this ties in with prior tasks where we are requesting extinctions.
		Monitor contracts for compliance.	07/04		Request an extension to 07/05 as this ties in with prior tasks where we are requesting extinctions.
Develop a staff performance accountability system.	Sherri Haber	In collaboration with HHS Human Resources, develop statewide staff performance practice standards.	06/04		
		Communicate with staff the process and expectations of the performance accountability system.	12/04		
		Train supervisors on staff performance accountability. Managers and Human Resources will conduct training.	12/04		
		Develop and implement standardized supervisor oversight process to monitor compliance with performance accountability standards. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	09/03		We believe the year in this task should have been 09/04, since we would not be implementing until 12/04.
		Implement staff performance accountability system	12/04		
Develop and implement a corrective action plan and format.	Sherri Haber	Define corrective action plan components including areas of identified practice standards, format, timeframes, etc.	09/03	11/03	In 11/03 a variety of sample corrective action plans were reviewed by Protection and Safety Administrators and Supervisors. It was decided that the corrective action plan format will have the same components of the Program Improvement Plan which include: The goal, evaluation method, baseline, targeted improvement, action steps, lead

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
					responsibility, benchmarks, date projected and actual and a progress report.
		Implement corrective action plan protocol when the need is identified.	06/04 and ongoing		
Develop and implement a supervisory oversight system.		Define supervisory oversight components including areas of identified practice standards, format, timeframes, etc.	09/03		Requesting an extension until 05/04. QA staff has not yet been hired. These functions have changed and/or need to be re-evaluated on an ongoing basis when new tools or procedures are put into place.
		Implement corrective action plan protocol when the need is identified.	12/03 and ongoing		

**Item 33. The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.**

**Goal:** All Protection and Safety staff will be required to obtain 24 hours of training annually that assures professional growth and skills development.

**Method of Measuring Improvement:** Review of Training Records

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Develop and implement a system to track and monitor the ongoing training of staff	Sherri Haber	In collaboration with CCFL, develop a tracking system for staff training	10/01	10/01	The Center for Children Family & the Law (CCFL), has a computer program in place which tracks staff training. If CCFL or the State provides the training, they automatically take the sign in sheets and enter staff's participation in training. If a training is attended not sponsored by CCFL or the State then it is the responsibility of the staff supervisor to submit a copy of the agenda and supervisory approval of attendance to CCFL for tracking purposes.
		Generate reports quarterly that identify training completed by staff.	10/01	10/01	CCFL generates quarterly reports to every supervisor identifying the staff name, class name, date of training, # hours, and total hours for the CY.
		Distribute reports to PS supervisors and managers for continued review of individual staff development plans.	10/01	10/01	CCFL and HHSS Training Unit send these reports to supervisors and managers for continued monitoring.
Issue communication to PS staff emphasizing ongoing training requirement, how to access training opportunities, how to	Sherri Haber	Communication developed and distributed	12/03		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
track training hours, protocols for approval of training offered outside the scope of the CCFL contract					

**Item 35: Array of services are in place**

**Goal:** Nebraska will increase the array of service in pilot areas of the state.

**Method of Measuring Improvement:** Nebraska CFSR

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Conduct service array pilot in two areas using National Family Centered Practice model that will identify service needs, gaps and improvements needed to address timely initiation of services; assure the ability to offer needed services; develop in-home services and reduce service waiting lists.	Sherri Haber and Terri Farrell	Select service array pilot sites.	03/04		
		Select staff to conduct service array assessment	03/04		
		Complete assessment including: community/neighborhood prevention, early intervention services; investigative, assessment functions; home-based interventions/services; out-of-home reunification/permanency services; child welfare system exits/services	06/04		
		Finalize and report results that list the gaps or improvements needed for services in that area	03/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		Develop and implement plan to fill gaps or improve existing services	12/04		
		Monitor effectiveness of plan by using multiple QA functions in assessing for gaps in services, and provision of services.	03/05		
		Expand model to remaining service areas	06/05		

**Item 36. The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.**

**Goal:** Nebraska will increase the accessibility of services in pilot areas of the state.

**Method of Measuring Improvement:** Nebraska CFSR

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Conduct service array pilot in two areas using National Family Centered Practice model that will identify service needs, gaps and improvements needed to address timely initiation of services; assure the ability to offer needed services; develop in-home services and reduce service waiting lists	Sherri Haber and Terri Farrell	Select service array pilot sites	03/04		
		Select staff to conduct service array assessment	03/04		
		Complete assessment including: community/neighborhood prevention, early intervention services;	06/04		

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		investigative, assessment functions; home-based interventions/services; out-of-home reunification/permanency services; child welfare system exits/services			
		Finalize and report results that list the gaps or improvements needed for services in that area	03/04		
		Develop and implement plan to fill gaps or improve existing services	12/04		
		Monitor effectiveness of plan by using multiple QA functions in assessing for gaps in services, and provision of services.	03/05		
		Expand model to remaining service areas	06/05		
Partner with the Nebraska Public Health Improvement Initiative to expand health and dental services for state wards	Sherri Haber and Terri Farrell	Collaborate with NE Public Health to identify areas of the state having difficulty obtaining health and dental services for state wards	06/04		
		Communicate gaps in health and dental services for state wards to local health departments	12/04		
		Collaborate with NE Public Health and NE Medicaid to assist with locating and securing health and dental services for state wards statewide.	06/05		

**Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency**

**Goal:** Nebraska will individualize services to meet the unique needs of children and families served by the agency

**Method of Measuring Improvement:** Nebraska CFSR

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Conduct service array pilot in two areas using National Family Centered Practice model that will identify service needs, gaps and improvements needed to address timely initiation of services; assure the ability to offer needed services; develop in-home services and reduce service waiting lists	Sherri Haber and Terri Farrell	Select service array pilot sites	03/04		
		Select staff to conduct service array assessment	03/04		
		Complete assessment including: community/neighborhood prevention, early intervention services; investigative, assessment functions; home-based interventions/services; out-of-home reunification/permanency services; child welfare system exits/services	06/04		
		Finalize and report results that list the gaps or improvements needed for services in that area	09/04		
		Develop and implement plan to fill gaps or improve existing services	12/04		
		Monitor effectiveness of plan by using multiple QA functions in assessing for gaps in services, and provision of services. Monitor effectiveness of plan by using	03/05		



Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		multiple QA functions in assessing for gaps in services, and provision of services.			
		Expand model to remaining service areas	06/05		

**Item 43. The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.**

**Goal:** All foster and adoptive parents shall have a completed and clear FBI check prior to licensure or placement.

**Method of Measuring Improvement:** N-FOCUS

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Develop policy that requires all licensed and approved foster parents to be fingerprinted for criminal background checks	Margaret Bitz	Policy developed by HHSS.	10/02	10/02	Licensing regulations requiring National Criminal History Checks became effective late in 2002. Because of the complexity and detail needed to establish processes with the NE State Patrol, train staff in doing fingerprints, purchasing equipment, etc., actual implementation didn't begin until January, 2003. As of 1/15/03, no license can be issued unless the required checks have been completed. For a period of approximately 3 months in the Fall of 2003, it was not possible to complete National Checks, because of FBI regulations and statutes. The problems were worked out, and National Checks began again in 11/03. Legislation will be introduced in the 2004 Unicameral to require National Checks. Having this legislation will assure that NE will remain eligible to conduct the National Checks in the future.
		Training developed by HHS Staff.	01/03	01/03	Training on the process from completing the fingerprinting process was developed by HHSS.
		Train staff on written policy. Training to be conducted by managers and supervisors.	01/03	01/03	Training has been provided to staff statewide. In addition, training on rolling fingerprints has been and continues to be provided by the NE State Patrol, to appropriate staff, as needed.
		Written policy disseminated through Administrative Memo.	01/03	01/03	Administrative Memo was distributed to the Field in 12/02, requiring implementation to begin on 1/15/03.
		Policy implemented statewide.	01/03	01/03	Implemented 1/15/03.

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Develop and implement a method for assuring compliance with required criminal background check policy prior licensure or approval.	Margaret Bitz	Identify methods to assure checks are completed prior to licensure or approval of a home.	12/03		Request extension to 1/04. Checklist used by Licensing staff has been revised to specifically include criminal history checks and will be ready for distribution in December or January.
		Implement methods.	12/03		Request extension to 1/04.
		Develop and implement standardized supervisor oversight process to monitor compliance with conducting criminal background checks.	07/03		Request extension to 3/04. Discussion is underway to determine how best to record the fact that a criminal history check was done on N-FOCUS, so that reports can be created for supervisors to assist in their oversight of this licensing requirement.
		Establish baseline for measuring compliance with criminal background policy	12/03		Request extension to 8/04 to allow for creation of the recording capability on N-FOCUS and time for staff to enter the information for all licensed foster parents.
		Establish targeted improvements based on baseline	12/03		Request extension to 10/04 to allow use of N-FOCUS for data gathering.
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/03 and ongoing		Request extension to 10/04 to allow use of N-FOCUS for data gathering.

**Item 44. The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.**

**Goal:** Nebraska will operate from an identifiable foster and adoptive parent retention and recruitment plan.

**Method of Measuring Improvement:** Progress of meeting targeted goals identified in benchmarks.

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Conduct targeted foster parent/resource family recruitment campaign in	Chris Hanus	Using N-FOCUS, analyze characteristics of children and foster parents to identify gaps in matching	06/04		A recruitment and retention team of foster parents, resource development workers and other stakeholders have met on July 30-31, 2003 and October 15, 2003. A philosophical

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
collaboration with the Nebraska Foster Parent Association [NFAPA] to assure that foster and adoptive resources reflect the ethnic and racial diversity of children in State custody who are in need of foster and adoptive homes.		child needs with foster parent resources.			framework and a detail work plan were established.  In 11/03 data has been extracted from N-FOCUS. Analysis of data to establish targets for recruitment will begin in 1/04.
		Establish targets for recruitment	06/04		
		Design recruitment campaign in collaboration with NFAPA and the NRC's on Child Maltreatment and Foster Care and Permanency Planning.	09/04		
		Initiate recruitment campaign for the targeted needs, including recruitment of families that reflect the child's racial, cultural and ethnic background.	09/04		
Conduct training for resource families and staff.		Develop training in collaboration with NFAPA and the NRC's for Child Maltreatment and Foster Care and Permanency Planning and HHS Training Division	10/04		
		Train resource families regarding policy including racial, cultural, and ethnic backgrounds.	10/04		
		Train staff on written policy. Training to be conducted by managers.	12/04		
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	12/04		
		Policy Implemented	12/04		
		Monitor progress quarterly to achieve recruitment goal.	01/05 and ongoing		
Increase use of Family Group Conferencing to	Todd Reckling	Identify current utilization of family group conferencing through review of	12/03		Extension Requested to 1/04. The Department has contracts with private agencies to provide traditional family group

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
locate family members as potential foster and adoptive parents		current contracts and numbers of families served and number of families meeting criteria for use of family group conferencing.			<p>conferencing, as well as expedited family group conferencing, facilitation and mediation. These contracts are currently being examined along with producing numbers to identify families served. Request a change in the wording of the benchmark, eliminating the reference to number of families meeting the criteria for use of family group conferencing.</p> <p>Representatives from a Family Group Conferencing Center spoke at the Supervisor's Conference in Omaha on October 09, 2003 and explained FGC's, expedited FGC's, mediation, and facilitation that the Family Group Conferencing Centers are able to provide across the state as per their contracts with HHS. The purpose was to increase awareness and utilization of these services and to assist caseworkers in locating family members as potential foster and adoptive parents.</p>
		Identify targeted increase of family group conferencing to assist in locating family members or natural supports of family for placement opportunities based on current utilization.	03/04		
		Communicate to staff the availability and the expectation of meeting the targeted increase.	03/04		
		Develop and implement standardized supervisor oversight process to monitor compliance with using Family Group Conferencing to locate family members as potential foster and adoptive parents. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	03/04		
Develop and provide supports to foster relative	Chris Hanus	Renew contract with the Nebraska Foster Parent Association to provide	7/03		Completed contract renewal effective July 1, 2003.

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
and adoptive parents to meet identified needs.		mentoring supports.			
		Conduct foster parent surveys in collaboration with NFAPA.	10/03		Extension Requested to 1/04. A foster parent satisfaction survey was developed in collaboration with the Nebraska Foster and Adoptive Parents Association in April and May of 2003. The survey will be mailed to current foster and adoptive parents in January 2004. Returned surveys were tallied and a composite report of results will be available in May of 2004. In addition, NFAPA surveys foster parents exiting the system. A report is available on data collected from January 2003 through September 2003. This survey was developed in collaboration with the Department and NFAPA.
		Analyze information from the foster parent survey to identify retention needs	12/03		Extension Requested to 5/04. Surveys will be sent in January of 2004. This will allow time for foster and adoptive parents to complete and return their surveys and allow for a report to be generated to be analyzed.
		Establish baseline of foster parent satisfaction identified through the survey in collaboration with NFAPA.	12/03		Extension Requested to 5/04. Results of the surveys need to be available in order to establish a baseline.
		Establish targeted improvements based on baseline	12/03		Extension Requested to 5/04. A baseline needs to be established in order to target improvements.
		Redesign respite care support program	12/03		Extension Requested to 5/04. The information gathered through the surveys is important and needed information for redesigning the respite care support program.
		Implement respite care support program.	06/04		
		Reassess foster parent satisfaction by conducting follow-up surveys.	06/04		
		Determine and implement improvement strategies.	07/04 and ongoing		
Continue to support Nebraska Foster and Adoptive Parent Association mentoring program	Chris Hanus	Renew NFAPA contract to provide financial support for foster family mentors.	07/03	07/03	Completed contract renewal effective July 1, 2003.

**Item 45. The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.**

**Goal:** Nebraska will use State and National Adoption exchanges.

**Method of Measuring Improvement:** N-FOCUS

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
Develop policy and practice regarding listing legally available children on adoption exchanges	Margaret Bitz	Policy developed in collaboration with the NRC's for Foster Care and Permanency Planning, Special Needs Adoption, and Family Centered Practice.	01/03	01/03	Policy and guidebook material was developed and the NRC for Family Centered Practice reviewed the guidebook material and gave the opinion that it is in keeping with best practice.  A Memo sent by the Director to all Protection and Safety staff, requiring that all children free for adoption, with a plan of adoption, and not yet in an adoptive home be placed on the appropriate adoption exchange(s) by April, 2003.
		Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and NRC's. Training will include the writing of adoption profiles for posting on the exchanges.	12/03		
		Train staff on written policy. Training to be conducted by managers and supervisors.	03/04		
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	03/04		
		Written policy disseminated through Administrative Memo.	04/04		
		Policy implemented statewide.	04/04		
Develop a method to monitor whether children available for adoption are placed on the adoption exchanges	Margaret Bitz	Provide supervisors with a monthly report on the children available for adoptions that are not currently placed in adoptive homes.	03/03	03/03	In March of 2003, a report was created that is given to supervisors on a monthly basis that identifies those children who are available for adoption and are not currently placed in an adoptive home.
		Develop and implement standardized	09/03		Request extension to 3/04. Supervisors were provided with

Action Steps	Lead Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		supervisor oversight process to monitor compliance with placing children on adoption exchange. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan			the original report and instructed to assure that all errors in data were corrected prior to 3/03. A process for ongoing monitoring, reconciliation, and corrective action has not been implemented.
		Conduct case reviews on a sample of cases to determine compliance on placing children on the adoption exchange. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	07/04		
		Establish baseline to determine compliance with placing children available for adoption on the adoption exchange.	09/04		
		Establish quarterly targeted improvements that are based on baseline.	09/04		
		Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		
Develop policy regarding inter-jurisdictional adoptions	Margaret Bitz	Policy developed by HHSS.	12/03		
		Train staff on written policy. Training	04/04		

<b>Action Steps</b>	<b>Lead Responsibility</b>	<b>Benchmarks</b>	<b>Date Projected</b>	<b>Date Actual</b>	<b>Progress Report</b>
		to be conducted by managers and supervisors.			
		Completed training sign in sheets will be submitted to the PSA for the staff in that area.	04/04		
		Written policy disseminated through Administrative Memo.	04/04		
		Policy implemented statewide.	04/04		